

# THE HEALTH AND SOCIAL SERVICES OF DORSET



ANNUAL REPORT  
of the  
County Medical Officer of Health  
for the year  
1956

A. A. LISNEY, M.A., M.D., D.P.H.

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## FOREWORD

The satisfactory trends in physical health, nutrition, and in the freedom from serious infectious disease which have been evident among the younger generations for some years past, have been well maintained in Dorset during 1956, the number of malnourished and undersized children being the lowest on record.

In contrast, however, the general standard of health during middle life is not quite so favourable. Coronary disease of the heart in this age group continues to take an increasing toll, and in Dorset deaths from this cause numbered 449 in 1950, the first year when this disease was recorded separately as a cause of death, since then steadily increasing with a total of 610 in 1956. Lung cancer is also on the increase, rising from 68 deaths in the county in 1950 to 101 in 1956, and the position is giving rise to serious concern nationally.

Fortunately, the results already achieved by research give some hope that preventive measures may at least halt the increasing incidence of both these diseases. Heavy cigarette smoking and atmospheric pollution are factors in relation to lung cancer which can be controlled without interfering too severely either with smoking habits or with industrial processes, while there is also some evidence to suggest that attention to dietary factors may assist in reducing the high incidence of heart disease.

The ageing population of this county necessitates the provision of extended facilities for their care and comfort. During the year, St. Martin's, Gillingham, a home for the elderly, was opened and provided residential places for thirty-nine old people. This is the second new home to be built in Dorset since the National Assistance Act came into force.

### *Vital Statistics*

The vital statistics of the county follow the same general pattern as in previous years, the death rate being slightly above and the birth rate slightly below the corresponding figures for England and Wales. The fall in the birth rate which has taken place over previous years has steadied, and at 13·8 per thousand live births shows a slight increase over the 1955 figure. Maternal mortality remains low and gives no cause for serious concern. The infant mortality rate of 24·4 per thousand live births shows a slight decrease when compared with the previous year, but despite this it is for the first time higher than the corresponding figure for England and Wales of 23·8.

### *Infectious Diseases*

The total number of cases of infectious disease notified in the county in 1956 was 2,649, and when it is considered that over a thousand cases of measles occurred in the first quarter of the year and that this was the end of a large epidemic during the previous year, then the comparative absence of infectious disease is all the more remarkable.

Diphtheria is no longer a problem, and cases of scarlet fever have become so mild that they are little more than a nuisance. The increased use of immunisation has altered the picture as far as whooping cough is concerned, the infection being much milder and more difficult to diagnose. Severe complications can, however, still arise in unprotected children, and the death of a child from this disease during the year indicates that every effort must be made to extend the immunisation scheme to cover all pre-school children in Dorset. There were seven cases of paralytic poliomyelitis, one of which died. During the year poliomyelitis vaccine became available in limited quantities, and approximately fifty per cent of children in the selected age group were registered for vaccination.

There was an increase in the number of notifications of both pulmonary and non-pulmonary tuberculosis, but the number of deaths was fewer than in previous years. The scheme for the vaccination of thirteen-year-old school children with B.C.G. was continued, and extended to cover private schools.

### *Occupational Health*

Staff welfare and working conditions are as important in local government as in industry, and in this connection the completion of County Hall during the year and its dedication by the Lord Bishop of Sherborne on 11th May marked a noteworthy occasion. The building, providing excellent accommodation for five hundred staff, was commenced in 1938, but due to the war and subsequent building difficulties it was not possible to complete it earlier. County Hall also houses the Crown Court, council chamber and a number of committee rooms; it is built on a site of Roman occupation, and the remains of a villa of that period can be clearly distinguished behind the main buildings in the frontispiece to this report.

### *Home Nursing Service*

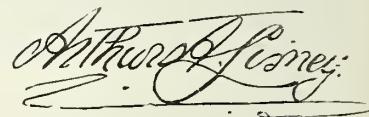
This service continues to give satisfaction to the public as well as to the general medical practitioners with whom the district nurses work in close co-operation. In all, 115,092 visits were made to 8,061 cases, and of the latter, 4,822 were sixty-five years of age or over at the time of the first visit; it is obvious, therefore, that the greatest problem now is the care of elderly persons. The established visiting service meets the nursing needs during the day, but despite excellent work done by voluntary organisations in some districts, there remains an urgent need for the care of the elderly sick in their own homes at night. In the large majority of cases trained nurses are not needed for this, and it seems likely that a scheme will have to be introduced for providing or supplementing help available in the home.

### *Water Supply*

The most far reaching development in the field of water supply was the long awaited announcement of the Government's policy concerning the grouping of statutory water undertakings. Except in the west of the county, Dorset is, thanks to major schemes which have been completed over recent years, relatively well supplied with piped water. There is, however, no gainsaying that too many undertakings are at present operating to ensure that the country's water resources are developed to the best and most economic advantage. Some twenty-two statutory water undertakings are at the moment responsible for the supply and distribution of water in Dorset and, in the rural districts especially, the cost of administering the waterworks is giving rise to concern.

If grouping is carried out the pattern may follow very closely that suggested by the Ministry of Housing and Local Government following the 1950 Dorset and South West Somerset Water Survey. This envisages the whole county being served by three water boards, the areas of which would not in general be governed as much by the county boundaries as by engineering and geo-physical considerations.

I should like to place on record my thanks for the invaluable support which the Chairman, Alderman Douglas Jackman, and the members of the Health and Social Services Committee have continued to extend to me and also the willing assistance of all members of the staff.



*County Medical Officer of Health.*

*Health Department,  
County Hall,  
Dorchester, Dorset.  
June, 1957.*

## STAFF OF HEALTH DEPARTMENT

### Central Staff

*County Medical Officer of Health;  
Principal School Medical Officer.*

LISNEY, A. A., M.A., D.P.H.

*Deputy County Medical Officer of Health;  
Deputy Principal School Medical Officer.*

TURNER, A. F., M.B., B.C.H., D.P.H.

*Senior Medical Officer;*

*Senior School Medical Officer.*

MACLEOD, M. C., M.D., D.P.H.

*Assistant County Medical Officers of Health.*

EVANS, L. S., M.R.C.S., L.R.C.P., D.P.H.

SIMONDS, W. H., M.A., M.D.

(*Combined Appointments*).

ARMIT, A., M.B., C.H.B., D.P.H.

LAWRENCE, I. B., B.Sc., M.B., C.H.B., D.P.H.

MAYES, J. B. M., M.B., B.S., D.P.H. (Resigned 30/9/56).

O'KEEFFE, E. J., M.R.C.S., L.R.C.P., D.P.H.

PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H.

JACKSON, E., M.B., C.H.B., D.P.H. (Commenced Temp. 20/10/56).

*Joint Appointment with Regional Hospital Board:  
(Consultant Chest Physician).*

CLARK, A., M.D., M.R.C.P.

(*Consultant Psychiatrist*).

WHILES, W. H., M.R.C.S., L.R.C.P., D.P.M.

*Principal School Dental Officer.*

PRETTY, P. J., L.D.S.

*Dental Officers.*

FLINT, M. F., L.D.S.

FOREMAN, W. R., L.D.S.

HODGES, W. V. A., M.C., L.D.S.

LINLEY, MRS. E., L.D.S. (Commenced 2/7/56).

O'CONNOR, MISS M. P., L.D.S. (Resigned 1/10/56).

MILES, A. I., L.D.S. (Part-time) (Commenced 21/11/56).

RYAN, D. J. C., L.D.S. (Part-time) (Commenced 17/12/56).

*County Public Health Engineer.*

KING, F. M. W., F.S.E., F.I.P.H.E., F.R.S.H., M.A.P.H.I.

*Assistant County Public Health Officer.*

PARRY, A. H., M.R.S.H., M.A.P.H.I.

*County Ambulance Officer.*

THOMPSON, W. G. M., O.B.E.

*Psychiatric Social Worker.*

FILLITER, MISS A. D.

*Domestic Help Organiser.*

LE FANU, MISS B., B.A., B.Sc.

*Superintendent Health Visitor;*

*Supervisor of Midwives;*

*County Nursing Officer.*

RANKLIN, MISS I. F., S.R.N., S.C.M., H.V.CERT.

*Assistant Superintendent Health Visitors;*

*Supervisors of Midwives;*

*Assistant County Nursing Officers.*

HEATHER, MISS G., S.R.N., S.C.M., H.V.CERT.

HUNT, MISS R., S.R.N., S.C.M., H.V.CERT.

*Liaison Health Visitors.*

BENNETT, MISS W. E., S.R.N., S.C.M., H.V.CERT.

MASON, MISS E. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

### Health Visitors.

ALLEN, MISS F. N., S.R.N., S.C.M., H.V.CERT.

ANDREWS, MISS E. M., S.R.N., S.C.M., H.V.CERT. (Commenced 2/7/56).

BULLOCK, MRS. M. E., S.R.N., S.C.M., H.V.CERT. (Died 25/3/56).

CRISP, MISS I. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

FOULDTS, MISS M. J., S.R.N., S.C.M., H.V.CERT.

FULLER, MISS M. E., S.R.N., S.C.M., H.V.CERT.

HARWIN-RICKETTS, MRS. M. V., S.R.N., S.C.M.

JORGENSEN, MISS P. K., S.R.N., S.C.M., H.V.CERT.

MANSBRIDGE, MISS D. E. A., S.R.N., S.C.M., H.V.CERT.

MILES, MISS A. G., S.R.N., S.C.M., H.V.CERT. (Commenced 6/8/56).

POTT, MISS J. F., S.R.N., S.C.M., H.V.CERT.

PUNSHON, MISS E., S.R.N., S.C.M., H.V.CERT. (Commenced 1/8/56).

READ, MISS L. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

RICHARDSON, MISS I. F., S.R.N., S.C.M., H.V.CERT.

TROTMAN, MISS V., S.R.N., S.C.M., H.V.CERT.

TRUSCOTT, MISS M., S.R.N., S.C.M., H.V.CERT., D.S.A.

TUFF, MISS M. E., S.R.N., S.C.M., H.V.CERT.

WALKER, MISS M. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

WARVILL, MISS E. I., S.R.N., S.C.M., H.V.CERT.

WHEELER, MISS C. R., S.R.N., S.C.M., H.V.CERT.

WHITE, MISS W. M., S.R.N., S.C.M., H.V.CERT.

### Chief Officer for the Welfare of the Blind.

TYACKE, MISS O.

### Home Teachers for the Blind.

ABBERTON, MISS M.

CLIST, MISS E. M.

KERSHAW, MISS P. M.

OWEN, MISS G. M.

STEWART, MISS M. E.

### Chief Mental Deficiency Officer.

BAZELEY, MISS D. K.

### Mental Welfare Officers.

MABB, MRS. B.

STEVENSON, MISS J.

### Home Teachers.

EVERARD, MISS B.

LAURENCE, MISS M. D., M.A.O.T.

### Supervisor, Poole Occupation Centre.

FRENCH, MRS. C. E., M.A.O.T.

### District Officers.

BAMFORD, K. W.

COOK, J. C. H.

HOPKINS, C. G.

RICHARDS, W. E.

} Also duly authorised officers for the purpose of the Lunacy and Mental Treatment Acts.

### Occupational Therapist.

GAYE, MISS P. M. (Left 5/9/56).

### Oral Hygienist.

NORMAN, MRS. M. (Commenced 19/3/56).

### Dental Attendants.

BLAGG, MISS M. (Commenced 9/7/56).

BANKS, MISS A. A. (Resigned 31/5/56).

BASCOMBE, MRS. L. D. (Resigned 14/7/56).

CLARKE, MISS S. M.

COOPER, MISS E. M. (Commenced 1/6/56).

HARDING, MISS M. P.

SCOVELL, MISS S. K. (Commenced 10/4/56).

STUDLEY, MISS Q.

### Chief Administrative Assistant.

HUTCHINGS, H. L.

### Administrative Assistant.

CLARKE, V. W. V.

### **Poole Area Staff**

*Area Medical Officer;*  
*School Medical Officer, Excepted Area.*

HUTTON, J., M.D., D.P.H.

*Assistant County Medical Officers of Health.*

CAIRNS, K. M., M.B., B.S., M.R.C.S., L.R.C.P.  
PARKEN, D. S., M.B., B.S., D.C.H., D.P.H.  
WILLIAMSON, H. C., M.B., B.C.H., D.P.H.

*Area Dental Officer.*

RIMMER, W. K., L.D.S.

*Dental Officers.*

SULLIVAN, J. M., L.D.S. (Resigned 5/3/56).  
THOMAS, C. E., L.D.S.  
YATES, A. V. (Commenced 25/6/56).

*Assistant Domestic Help Organiser.*

THICKETT, MISS L. M.

*Area Superintendent Health Visitor;  
Supervisor of Midwives.*

KINGSBURY, MISS M. M., S.R.N., S.C.M., H.V.CERT.

*Health Visitors.*

BROOKS, MISS H. E., S.R.N., S.C.M., H.V.CERT.  
COWLEY, MISS C., S.R.N., S.C.M., H.V.CERT.  
HALL, MRS. V. M., S.R.N., S.C.M., H.V.CERT.  
KELLY, MISS M., S.R.N., S.C.M., R.F.N., H.V.CERT. (Commenced 2/8/56).  
KOSTER, MISS I. F., S.R.N., S.C.M., H.V.CERT.

KUSEL, MISS V. M., S.R.N., S.C.M., H.V.CERT.

LEVER, MISS L. B., S.R.N., S.C.M.

LIMMER, MISS M. C., S.R.N., S.C.M., H.V.CERT. (Commenced 1/9/56).

NARBETT, MRS. V., S.R.N., S.C.M., H.V.CERT.

PHILLIPS, MISS M. A., S.R.N., S.C.M., H.V.CERT.

PITTOCK, MISS I., S.R.N., S.C.M., H.V.CERT. (Commenced 1/6/56).

STAPLEY, MRS. M., S.R.N., S.C.M., H.V.CERT.

*Midwives (Whole-time).*

BELLRINGER, MISS I. M.

CHEESEMAN, MRS. M. E. (Commenced 2/1/56).

EGAN, MRS. W. M.

FORREST, MISS L. I. I.

HARDY, MISS A. D. E. M.

HILL, MISS W. M.

MORRIS, MISS J. E.

O'LEARY, MISS M.

PETLEY, MISS B. M. (Commenced 1/10/56).

THICKETT, MISS M.

TUGWELL, MISS E. F.

*Matron, Day Nursery.*

McCUTCHEON, MISS M. J.

*Dental Attendants.*

ALLEN, MISS J. E.

FORREST, MISS G.

MATTISON, MRS. E. T.

### **South Dorset Area Staff**

*Area Medical Officer.*

WALLACE, E. J. G., M.B., CH.B., D.P.H.

*Assistant County Medical Officer of Health.*

WARD, C. A. G., M.B., B.S.

*Dental Officers.*

FARWELL, E., L.D.S. (Commenced 2/1/56).  
MASON, MRS. M. D., B.D.S. (Part-time).

*Assistant Domestic Help Organiser.*

PERRY, MISS J. A.

*Health Visitors.*

ALLGOOD, MISS D. B., S.R.N., S.C.M., H.V.CERT.

BROCK, MISS L., S.R.N., S.C.M., H.V.CERT., D.S.A.

HUGHES, MRS. G. M., S.R.N., S.C.M., H.V.CERT.

RICHARDSON, MISS G. F., S.R.N., S.C.M., H.V.CERT.

STEMBRIDGE, MISS I., S.R.N., S.C.M., H.V.CERT.

SUNDERLAND, MISS D., S.R.N., S.C.M., H.V.CERT., D.S.A.

*Midwives (Whole-time).*

CAMPBELL, MRS. L. (Resigned 1/12/56).

CURTIS, MRS. H.

EMERY, MISS G. S.

GIBBS, MISS D. G. (Commenced 1/12/56).

*Dental Attendants.*

BRIGGS, MRS. M. J.

WOOD, MISS A. B.

### **OFFICERS OF OTHER AUTHORITIES**

(at 31st December, 1956)

<i>Boroughs</i>	<i>Medical Officers</i>	<i>Public Health Inspectors</i>
Blandford Forum	DR. J. B. M. MAYES .. .. (Resigned 30/9/56). DR. E. JACKSON (Temp. from (20/10/56). *DR. A. ARMIT .. ..	MR. W. E. RAMM.
Bridport	.. .. .. *DR. A. ARMIT .. ..	MR. D. H. TILL.
Dorchester	DR. I. B. LAWRENCE .. ..	MR. C. F. ALLARD (Senior). MR. K. H. JAMES (Resigned 30/4/56). MR. D. A. DOLPHIN (Appointed 2/7/56).
Lyme Regis	.. .. .. *DR. A. ARMIT .. ..	MR. E. PRESCOTT. MR. R. LEGGAT (Senior). MR. C. GLOVER.
Poole	*DR. J. HUTTON .. ..	MR. R. M. IMPETT. MR. C. A. TRIM. MR. G. TUCKER. MR. F. K. W. FRANCIS. MR. T. K. ASTON (Housing). MR. E. W. WAKEFIELD (Meat Inspector).

<i>Boroughs</i>			<i>Medical Officers</i>			<i>Public Health Inspectors</i>
Shaftesbury	..	..	DR. N. F. PEARSON	..	..	MR. W. N. TEASDALE.
Wareham	..	..	DR. E. J. O'KEEFFE	..	..	MR. J. R. TANNER.
Weymouth and Melcombe Regis	..	..	*DR. E. J. G. WALLACE	..	..	MR. H. HANDSCOMB (Chief).
						MR. A. L. HARRIS.
						MR. R. G. S. NEWBOULD.
<i>Urban Districts.</i>						
Portland	..	..	DR. E. J. G. WALLACE	..	..	MR. P. A. WILLIAMS.
Sherborne	..	..	DR. N. F. PEARSON	..	..	MR. C. E. BEAN (Senior).
Swanage	..	..	DR. E. J. O'KEEFFE	..	..	MR. F. E. RAEBURN.
Wimborne	..	..	DR. J. B. M. MAYES (Resigned 30/9/56).	..	..	MR. K. W. GREENWOOD.
			DR. E. JACKSON (Temp. from 20/10/56).			MR. R. GELLENDER
* <i>Also Port Medical Officer.</i>						
Beaminster	..	..	DR. A. ARMIT	..	..	MR. C. C. RUNDLE.
Blandford	..	..	DR. J. B. M. MAYES (Resigned 30/9/56).	..	..	MR. G. S. C. UDALL (Senior).
			DR. E. JACKSON (Temp. from 20/10/56).			MR. M. A. STOCKLEY.
Bridport	..	..	DR. A. ARMIT	..	..	MR. L. F. A. MADDOCKS (Chief).
Dorchester	..	..	DR. I. B. LAWRENCE	..	..	MR. J. R. NEWMAN.
Shaftesbury	..	..	DR. N. F. PEARSON	..	..	MR. N. RAWLINS (Senior).
						MR. J. M. S. STAMP.
						MR. J. B. S. SALT.
						MR. W. E. BREEDS (Senior).
						MR. L. F. P. WARREN (Appointed 1/3/56).
Sherborne	..	..	DR. N. F. PEARSON	..	..	MR. D. F. ANTHONY (Resigned 31/1/56).
Sturminster	..	..	DR. N. F. PEARSON	..	..	MR. J. E. FANNON.
						MR. F. HODSON.
						MR. H. C. WATKIN (Appointed 16/7/56).
						MR. J. A. McDONALD (Resigned 24/5/56).
Wareham	..	..	DR. E. J. O'KEEFFE	..	..	MR. E. D. GRANT (Senior).
Wimborne	..	..	DR. J. B. M. MAYES (Resigned 30/9/56).	..	..	MR. F. W. WHITE.
			DR. E. JACKSON (Temp. from 20/10/56).			MR. W. CHICK (Chief).
						MR. G. BOWER.
						MR. F. BOAM (Appointed 10/9/56).
						MR. R. E. S. HARGREAVES } Meat
						MR. A. HOLMES }
						MR. W. T. BARTON } Inspectors
						(Resigned 31/1/56).

#### Public Health Laboratory Service

##### Dorchester Laboratory.

TEE, G. H., M.A., M.R.C.S., L.R.C.P.

##### Boscombe Laboratory.

KING, G. J. G. M.A., M.B., B.CHIR.

#### COMMITTEES

In accordance with the request of the Ministry of Health, details of the committee structure relating to the health services are included in this report.

The county council delegated to the Health and Social Services Committee:—

(a) their powers and duties under the appropriate statutes relating to:—

Registration and exemption from Registration of Nursing Homes;  
Health Education and Prevention of Illness, Care and After-Care;  
Notification of Births and related Infectious Diseases;  
Midwives and the Supervision of Midwives;  
Care of Mothers and Young Children;  
Health Visiting;  
Midwifery;  
Home Nursing;  
Vaccination and Immunisation;  
Health Centres and Ambulances;  
Domestic Help; and

(b) their powers and duties under the following statutes:—

(i) Housing Acts, 1936-1946, and the Housing (Rural Workers) Acts, 1926-1942, and any enactments amending the same, with the exception of the power to resolve that the functions of a defaulting local authority shall be transferred to the county council;

(ii) National Assistance Act, 1948;

- (iii) The Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938, as amended by the National Health Service Act, 1946;
  - (iv) Part II of the Food and Drugs Act, 1955 (except Sections 32, 47 and 48), and any Orders made thereunder and any enactments or Orders amending the same;
  - (v) Nurses Acts, 1943-1945, and any enactments amending the same;
  - (vi) Nurseries and Child Minders Regulation Act, 1948;
- except the power of levying or issuing a precept for a rate or borrowing money.

The Health and Social Services Committee in turn decided to re-delegate certain powers and duties to sub-committees as follows:—

1. Maternity, Child Welfare and Nursing Sub-Committee:

- (i) in respect of those parts of the county not comprised in either the Poole Borough Area, or in the South Dorset Area:—

- (a) delegated powers (subject to general control and direction with regard to policy being exercised by the full committee) with regard to day-to-day administration of the council's functions under the Statutes relating to:—
  - (i) Notification of Births and related Infectious Diseases;
  - (ii) Supervision of Midwives;
  - (iii) Care of Mothers and Young Children;
  - (iv) Health Visiting;
  - (v) Midwifery;
  - (vi) Home Nursing;
  - (vii) Vaccination and Immunisation;
  - (viii) Domestic Help;

- (b) referred business: to consider and report to the committee upon all matters arising in respect of the said functions and not dealt with by them under their powers relating to day-to-day administration;

- (ii) as regards the Poole Borough Area and the South Dorset Area:—

- (a) delegated powers: nil;

- (b) referred business: to consider and report to the committee upon any recommendations of the Area Health Sub-Committee regarding the exercise within those areas of the functions enumerated in paragraph 1 (i) (a) above and 2 (i) below and involving questions of policy affecting their exercise elsewhere in the county.

2. Area Health Sub-Committees:

- (i) delegated powers regarding the exercise within the respective areas of the functions enumerated in paragraph 1 (i) (a) above;

- (ii) referred business: to consider and advise upon any matter referred to the sub-committees by the Health and Social Services Committee, or by the Maternity, Child Welfare and Nursing Sub-Committee, the Health Centre and Ambulance Services Sub-Committee, or the Social Services Sub-Committee, or by the respective Chairmen of such committee or sub-committees in connection with the administration of any of the services provided by the county council under Part III of the National Health Service Act, 1946.

3. Health Centre and Ambulance Services Sub-Committee:

The functions of the county council relating to Health Centre and Ambulance Services.

4. Social Services Sub-Committee:

The functions of the county council under:—

- (i) The National Assistance Act, 1948;
- (ii) The Lunacy and Mental Treatment Acts, 1890-1930, and Mental Deficiency Acts, 1913-1938, as amended by the National Health Service Act, 1946;
- (iii) Section 28 of the National Health Service Act, 1946, relating to care and after-care.

5. Public Health Sub-Committee:

The functions of the county council under:—

- (i) The Housing Acts, 1936-1946, and the Housing (Rural Workers) Acts, 1926-1942, and any enactments amending the same with the exception of the power to resolve that the functions of a defaulting local authority shall be transferred to the county council;
- (ii) Part II of the Food and Drugs Act, 1955 (except Sections 32, 47 and 48), and any Orders made thereunder and any enactments or Orders amending the same.

6. Nurses Acts Sub-Committee:

The functions of the county council under the Nurses Acts, 1943-1945.

7. Nursing Homes and Nurseries and Child Minders Sub-Committee:

The functions of the county council under:—

- (i) Sections 187 to 195 of the Public Health Act, 1936, relating to Registration and exemption from registration of Nursing Homes;
- (ii) Nurseries and Child Minders Regulation Act, 1948.

In addition to the committees listed above, the County Medical Officer of Health submits written reports to the Education, Children's and Civil Defence Committees.

## NATURAL AND SOCIAL CONDITIONS AND STATISTICS OF THE AREA

### Natural and Social Conditions

Dorset is a rural, well-wooded county of just under 1,000 square miles. The climate is mild and healthy with a high number of hours of sunshine. In the following table are given the average monthly rainfall figures for 1956 of forty-three stations in the county, together with the average hours of sunshine per month of two coastal stations:—

<i>Month</i>	<i>Average rainfall of 43 stations</i>	<i>Average hours of sunshine of 2 coastal stations</i>	<i>Month</i>	<i>Average rainfall of 43 stations</i>	<i>Average hours of sunshine of 2 coastal stations</i>
January ..	5.13 inches	71.0	July ..	2.87 inches	195.9
February ..	.20 ..	98.0	August ..	4.48 ..	236.4
March ..	.96 ..	169.7	September ..	5.69 ..	114.9
April ..	1.51 ..	205.6	October ..	2.08 ..	136.2
May ..	.67 ..	281.4	November ..	.91 ..	90.9
June ..	2.43 ..	201.8	December ..	6.18 ..	30.7

The number of hours of sunshine recorded from two coastal stations during the year revealed an average figure of 1,832.75 hours. This shows a considerable decrease compared with the previous year when the average figure from the same two stations was 2,006.5 hours. The rainfall also showed a decrease, an average figure of 33.11 inches being recorded from forty-three stations compared with 35.18 inches in 1955. The heaviest falls occurred during January, August, September and December and the year was notable for the unusual number of days on which rainfall in excess of one inch was recorded.

I am indebted to the Urban District Meteorological Officer for the Swanage figures, the Borough Meteorologist for those relating to Weymouth, and to the Secretary to the Dorset Natural History and Archaeological Society for the rainfall statistics.

### General Statistical Summary of the County

Statistics relating to population, births and deaths are provided by the Registrar-General and include members of the armed forces who were stationed in the area.

Area comparability factors for births and deaths, allowing for the differing age and sex distribution of the population in different areas, are given and may be used for comparing birth rates and death rates with those in other areas.

The numbers of births, stillbirths and deaths allocated to the area are those registered during the year 1956, as adjusted for inward and outward transfers.

The following is a summary of the vital statistics for the administrative county:—

Area in acres ..	..	..	..	..	..	..	622,844
Population ..	..	..	..	..	..	Urban Rural	188,400 115,700
Rateable value as at 1st April, 1956	..	..	..	..	..		304,100
Estimated product of a penny rate	..	..	..	..	..		£3,660,710 £14,593
<b>Births:</b>							
Live Births:						Male	Female
Legitimate ..	..	..	..	..	..	2,067	1,947
Illegitimate ..	..	..	..	..	..	99	100
Total live births ..	..	..	..	..	..	2,166	2,047
Birth rate per thousand population ..	..	..	..	..	..	..	..
Legitimate birth rate per thousand population ..	..	..	..	..	..	..	..
Illegitimate birth rate per thousand population ..	..	..	..	..	..	..	..
Illegitimate birth rate per thousand live births ..	..	..	..	..	..	..	..
Stillbirths:							
Legitimate—87	..	..	..	..	..	..	..
Illegitimate—6	..	..	..	..	..	..	..
Total	..	..	..	..	..	..	..
Stillbirth rate per thousand population ..	..	..	..	..	..	..	..
Stillbirth rate per thousand total live and stillbirths ..	..	..	..	..	..	..	..
Illegitimate stillbirth rate per thousand total illegitimate (live and still) births ..	..	..	..	..	..	..	..
<b>Deaths:</b>							
Total deaths ..	..	..	..	..	..	..	..
Death rate ..	..	..	..	..	..	..	..
							3,790 12.5

			Deaths		Rate per 1,000 total (live and still) births
Death from puerperal causes	..	..	2	..	0·46
Deaths of infants under one year of age:					
Legitimate—97	Illegitimate—6		Total	..	103
Death rate of infants under one year of age:					
All infants per 1,000 live births	..	..	..	..	24·4
Legitimate infants per thousand legitimate live births	..	..	..	..	24·2
Illegitimate infants per thousand illegitimate live births	..	..	..	..	30·1
Deaths from diphtheria	..	..	..	..	Nil
"    "    measles	..	..	..	..	Nil
"    "    whooping cough	..	..	..	..	1
"    "    pulmonary tuberculosis	..	..	..	..	24
"    "    non-pulmonary tuberculosis	..	..	..	..	3
"    "    cancer (all forms)	..	..	..	..	666

Some of the causes of death, with the corresponding percentages of total deaths (3,790) are given in the table below:—

(a) Heart disease	..	..	35·0	(h) Hyperplasia of prostate	..	1·2
(b) Cancer (all forms)	..	..	17·6	(i) Ulcer, stomach and duodenum	..	0·8
(c) Vascular lesions of nervous system	..	..	15·3	(j) Nephritis and nephrosis	..	0·8
(d) Other circulatory diseases	..	..	4·4	(k) Motor vehicle accidents	..	0·8
(e) Pneumonia	..	..	4·8	(l) Suicide	..	0·8
(f) Bronchitis	..	..	2·7	(m) Tuberculosis, respiratory	..	0·6
(g) Accidents other than motor-vehicle	..	..	1·8	(n) Influenza	..	0·6

#### Comments on Vital Statistics (Tables 1—5)

*Birth Rate.* The birth rate for 1956 was 13·8 per thousand population compared with the corresponding figure of 15·7 for England and Wales. This is the first time for some years that there has been an increase in the birth rate when compared with previous years' figures.

*Infant Mortality.* Despite the fact that a fall occurred in the infant mortality rate to 24·4 per thousand live births, this figure is now higher than the corresponding one for England and Wales of 23·8. No doubt fluctuations will occur from time to time as the figures become lower, but every effort must be made to effect a reduction in the number of infant deaths.

*Death Rate.* The death rate of 12·5 per thousand shows a slight increase when compared with the previous year, and is slightly greater than the rate for England and Wales of 11·7. Heart disease, vascular catastrophes of the nervous system, and cancer once again constituted by far the greatest number of deaths. The total deaths from cancer was 666, an unprecedented figure which continues to rise each year. There was again a fall in the number of deaths from tuberculosis, but deaths from pneumonia and chronic bronchitis showed a slight increase over the previous year. Accidents, other than those involving motor vehicles, again featured prominently, there being sixty-nine such deaths during the year.

*Maternal mortality.* The satisfactory trend has continued and there were only two deaths arising out of pregnancy. As far as could be ascertained these were unavoidable.

*Infectious disease.* During the year the number of deaths from infectious disease was three as compared with four in 1955. On the whole notifications were light, but food poisoning showed a further increase. Fewer cases of poliomyelitis were notified than in any single year since 1946.

#### Morbidity Figures

The number of claims for sickness benefit followed much the same pattern as in previous years, being greatest during the first three months of the year. Details of the monthly morbidity figures for the past four years are given in the following table:—

Month	1953		1954		1955		1956	
	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population
January ..	3,478	11·61	2,821	9·35	4,106	13·51	3,434	12·17
February ..	4,483	14·98	2,802	9·29	3,580	11·78	4,124	13·56
March ..	3,300	11·02	2,800	9·29	3,636	11·96	3,102	10·20
April ..	2,125	7·09	1,755	5·82	2,068	6·80	2,008	6·60
May ..	1,785	5·96	1,944	6·45	2,207	7·26	2,355	7·74
June ..	1,966	6·56	2,082	6·90	1,718	5·56	1,757	5·77
July ..	1,566	5·23	1,482	4·91	1,574	5·17	2,091	6·87
August ..	1,354	4·52	1,884	6·25	2,069	6·81	1,524	5·01
September ..	2,026	6·76	1,622	5·38	1,762	5·81	1,769	5·81
October ..	2,080	6·94	1,851	6·15	2,003	6·59	2,661	8·74
November ..	1,969	6·57	2,479	8·22	2,622	8·63	2,161	7·10
December ..	1,983	6·62	1,854	6·15	1,950	6·41	1,780	5·85
Totals ..	28,115	93·86	25,376	84·16	29,295	96·37	28,766	95·42

**PREVALENCE AND CONTROL OF INFECTIOUS DISEASE (Table 5)**

During the year, 2,649 cases of infectious and other notifiable diseases were registered. There was a marked increase in the number of notifications of food poisoning and the figure of 191 is considerably greater than experienced in any previous year.

In the table below are given notifications, deaths, incidence and death rates per thousand home population of the more important infectious diseases in Dorset during the past ten years:—

Disease	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
<i>Diphtheria:</i>										
No. of cases notified ..	11	4	3	1	—	1	—	1	—	—
Incidence rate ..	0.04	0.01	0.01	0.003	—	0.003	—	0.003	—	—
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Death rate ..	—	—	—	—	—	—	—	—	—	—
<i>Scarlet Fever:</i>										
No. of cases notified ..	147	226	211	194	172	125	188	184	72	107
Incidence rate ..	0.60	0.73	0.77	0.67	0.58	0.42	0.63	0.61	0.24	0.35
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Death rate ..	—	—	—	—	—	—	—	—	—	—
<i>Measles:</i>										
No. of cases notified ..	3,232	1,571	3,761	1,545	4,709	950	4,900	102	4,944	1,653
Incidence rate ..	13.12	5.76	13.67	5.31	15.89	3.20	16.37	0.34	16.26	5.43
No. of deaths ..	1	—	2	—	2	—	1	—	—	—
Death rate ..	0.004	—	0.007	—	0.007	—	0.003	—	—	—
<i>Whooping Cough:</i>										
No. of cases notified ..	825	1,339	819	1,386	1,492	866	1,125	876	591	373
Incidence rate ..	3.35	5.13	2.97	4.77	5.04	2.92	3.76	2.90	1.94	1.22
No. of deaths ..	1	—	3	—	3	—	1	1	—	1
Death rate ..	0.004	0.01	0.01	—	0.01	—	0.003	0.003	—	0.003
<i>Typhoid and Paratyphoid Fever:</i>										
No. of cases notified ..	—	7	2	1	4	3	2	1	16	1
Incidence rate ..	—	0.03	0.007	0.003	0.01	0.01	0.007	0.003	0.05	0.003
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Death rate ..	—	—	—	—	—	—	—	—	—	—
<i>Food Poisoning:</i>										
Not Notifiable										
No. of cases notified ..	—	88	74	34	18	23	35	63	191	—
Incidence rate ..	—	0.3	0.25	0.11	0.06	0.08	0.12	0.21	0.63	—
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Death rate ..	—	—	—	—	—	—	—	—	—	—
<i>Dysentery</i>										
No. of cases notified ..	48	27	23	21	192	115	68	68	13	63
Incidence rate ..	0.18	0.10	0.08	0.07	0.65	0.39	0.23	0.23	0.04	0.21
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Death rate ..	—	—	—	—	—	—	—	—	—	—
<i>Poliomyelitis (including Polioencephalitis):</i>										
No. of cases notified ..	70	19	68	111	33	24	150	27	50	11
Incidence rate ..	0.26	0.07	0.25	0.38	0.11	0.08	0.50	0.09	0.16	0.04
No. of deaths ..	5	—	7	18	2	1	2	2	3	1
Death rate ..	0.02	—	0.03	0.06	0.007	0.003	0.007	0.007	0.01	0.003
<i>Meningococcal Infection:</i>										
No. of cases notified ..	26	14	6	5	4	5	5	4	5	7
Incidence rate ..	0.10	0.05	0.02	0.02	0.01	0.02	0.02	0.01	0.02	0.02
No. of deaths ..	1*	4*	2*	2	2	—	1	1	1	1
Death rate ..	0.003	0.01	0.007	0.007	0.007	—	0.003	0.003	0.003	0.003

\* Notified as Cerebral-Spinal Fever

#### Diphtheria

For the second successive year no case of diphtheria was reported in the county. Full details of the diphtheria immunisation scheme are reported elsewhere.

#### Scarlet Fever

There were 107 cases of scarlet fever notified during the year, but all infections were mild and no deaths occurred.

### **Measles**

During the year, 1,653 cases of measles were notified, but of these 1,021 occurred in the first quarter of the year. This was an extension of the epidemic during 1955 when the highest total in any one year was recorded in the county.

Despite the fact that over 6,000 cases of measles occurred during 1955 and 1956 it is encouraging to note that there were no deaths. Although there is no active means of protecting children from this infection, improvement in the general health and living conditions of the children have led to this satisfactory state of affairs.

### **Whooping Cough**

Few cases of whooping cough were notified during the year. The increased use of vaccines to protect against the disease has resulted in a milder form being experienced. It is now frequently difficult to diagnose in young inoculated children, but the fact that one death in a child aged thirteen months occurred is, in itself, sufficient reason for continued efforts to vaccinate all pre-school children in the county.

### **Typhoid and Para-typhoid Fever**

Only one case of para-typhoid fever was notified during the year. Sporadic cases do occur in the county from time to time, but no localised outbreaks were reported.

### **Food Poisoning and Dysentery**

During the year, 191 cases of food poisoning and sixty-three cases of dysentery were notified. The increase in food poisoning was largely due to outbreaks in the Blandford rural district with eighty-seven cases notified, and in Weymouth where seventy-five cases occurred. The remaining twenty-nine notifications were sporadic.

More than one-half of the cases notified occurred during the third quarter of the year. In contrast, the greatest incidence of dysentery was in the first and second quarters of the year. No deaths occurred from either of these bowel infections.

The increase in this type of infection causes considerable inconvenience to the public, and food handlers are being educated in elementary hygiene with a view to reducing the number of outbreaks.

### **Poliomyelitis**

Eleven cases of poliomyelitis were notified and of these four were non-paralytic. Of the seven cases of paralytic poliomyelitis one female child, aged four years, died; thus emphasising the serious nature of the infection when it occurs.

During the course of the year the Government announced plans for the vaccination of children born in the years 1947 to 1954 inclusive and a scheme was begun in the county. This is reported elsewhere in the report.

### **Tuberculosis**

During 1956, altogether 184 cases of pulmonary tuberculosis and thirty cases of non-pulmonary tuberculosis were notified, this being an increase over the figures for the past four years. In contrast, the number of deaths from pulmonary tuberculosis continued the downward trend of recent years.

*Number of Notifications and Deaths from Tuberculosis  
in Dorset 1947—1956*

Year	Pulmonary		Non-Pulmonary	
	Number of Notifications	Number of Deaths	Number of Notifications	Number of Deaths
1947	216	91	54	23
1948	164	89	50	14
1949	169	65	55	15
1950	184	72	47	8
1951	225	47	41	10
1952	177	57	40	5
1953	163	39	46	6
1954	146	37	29	4
1955	135	28	20	2
1956	184	24	30	3

#### *Pulmonary cases*

The table shows that a greater number of cases of pulmonary tuberculosis were notified than in any single year since 1951. This is undoubtedly due to increased efforts in the investigation of contacts of the infection, and a variation in the basis on which notifications are being made. It seems highly unlikely that there is, in fact, an increase in the incidence in the county, as this would be contrary to the experience in England and Wales as a whole.

The scheme for vaccination of contacts and thirteen-year-old school children with B.C.G. vaccine as a prophylactic measure has been continued and this should bear fruit in the years to come.

#### *Non-Pulmonary cases*

There has also been a slight increase in the number of notifications of non-pulmonary tuberculosis during the year, but as the numbers are already small this is unlikely to be significant. Improved methods of milk production, the creation of specified areas under Orders made by the appropriate Ministry and the general decline in tuberculosis throughout the country should bring about a steady decrease in future years.

## CARE OF MOTHERS AND YOUNG CHILDREN (*Section 22*)

### Ante-Natal and Post-Natal Care (*Tables 6 and 7*)

#### *Administrative Arrangements*

The Maternity, Child Welfare and Nursing Sub-Committee is responsible, under delegated powers, for the care of mothers and young children in the county area, while the day-to-day administration in the Poole and South Dorset areas is delegated to the respective area health sub-committees.

The clinics in the county are staffed by assistant county medical officers, except in one instance where a general practitioner has been employed on a sessional basis. This latter appointment was terminated at the end of the year due to closure of Wareham ante-natal clinic. In the past, health visitors have been responsible for running the clinics in their own areas under the direction of the medical officer in charge, but this year an innovation was introduced at Dorchester and Bridport by which domiciliary midwives in their respective areas took the place of health visitors for an experimental period. Midwives attend the clinics with their booked cases and general practitioners are welcome to visit for consultation.

No specialist ante-natal or post-natal clinics are provided by the county council. Liaison with the regional hospital board has been firmly consolidated with a view to the supply of such specialist services as the county council may require, and co-operation with the consultant obstetricians and gynaecologists has been well maintained during the year under review; their services have proved highly valuable to patients referred to them, in conjunction with the family doctor, from ante-natal clinics.

Few general practitioners in the county are known to hold organised ante-natal clinics, and none has sought the assistance of the county health department for this purpose.

The county council's scheme for the care of mothers and young children has, since the introduction of the national health service, been administered in close liaison with the Dorset County Nursing Association and the Salisbury Diocesan Association for Moral Welfare.

#### *Proposals for the Improvement of Ante-Natal Care*

In May, 1956, the Ministry of Health circular 9/56 was received enclosing a memorandum from the Standing Maternity and Midwifery Advisory Committee of the Central Health Services Council on the subject of ante-natal care. The advisory committee had concluded that toxæmia in pregnancy now constituted the biggest avoidable factor in maternal deaths and suggested that professional representatives of general practitioners, hospital obstetricians and local health authorities medical staffs should discuss the memorandum and put forward to their respective authorities any suggestions for improving the position. Meetings were accordingly held, and the following conclusions concerning the local health authority were reached and approved by the county council.

- (a) That in rare cases where expectant mothers did not book a doctor for the confinement, midwives should encourage them to do so in order that they might obtain adequate medical supervision during the ante-natal period.
- (b) That in place of regular sessions an appointment system for expectant mothers to be seen at local health authority ante-natal clinics be introduced so that general practitioners could ask patients to be seen by an assistant county medical officer of health and that midwives could have their patients medically examined should they not have booked a doctor.
- (c) That where possible, and with the approval of the county medical officer of health, general practitioners are to have the use of the local health authority clinics to examine their own patients with the midwife in attendance.
- (d) That the need for adequate educational facilities and relaxation classes during the ante-natal period is clamant and that the county medical officer of health be asked to contact obstetricians and general practitioners throughout the county with a view to ensuring adequate coverage for this.
- (e) The value of adequate blood tests was stressed, and it was agreed that the county medical officer of health should take what action he considered necessary to ensure that all expectant mothers had this examination carried out.

These proposals for improved ante-natal care are in line with arrangements already in existence and with facilities already available under the county council scheme for ante-natal care and, with the goodwill and co-operation of all concerned, should lead to further benefit to the health of the expectant mother, also a suitable reduction in the stillbirth and neonatal mortality rates.

A study of the attendances at local authority ante-natal clinics during the period subsequent to the advent of the National Health Service in 1948 reveals the changing pattern of arrangements for the provision of ante-natal care in the county. With the increasing number of hospital maternity beds available, hospital confinement has become more general. Maternity units are now taking responsibility for the clinical supervision of the great majority of patients booking hospital maternity beds for confinement, and general practitioners are providing ante-natal care for their patients booked for domiciliary confinement.

This trend is leading to a decreasing number of women attending the county council clinics for clinical ante-natal care, but also to a slow but steady rise in the number referred by general practitioners for health education and relaxation classes. Nevertheless, the number attending is lamentably low in proportion to the number of expectant mothers eligible for this service.

An interesting development at Poole is the provision of ante-natal sessions, staffed by midwives, for the ante-natal care of their respective patients booked for domiciliary confinement under the general practitioner-obstetrician scheme. Routine blood pressure recording and urine examinations are carried out at regular intervals, as well as advice on health and well-being specially applicable to the expectant mother.

#### *Clinical Work*

This consists of routine examinations of expectant mothers at regular intervals and special examinations as the necessity arises, with the object of detecting obstetric abnormalities or signs of general ill-health as early as possible and of arranging, usually by reference to the family doctor, for appropriate treatment before the onset of complications.

Ante-natal supervision includes home visiting by health visitors as well as regular examinations of the patients by the medical officer in charge of the clinic. Where advisable, appointments are made for x-ray examinations at local hospitals, and where a history is obtained suggestive of a tuberculous infection or of the presence of tuberculosis contacts in the household, the patient is referred to the chest physician for examination, after consultation with the family doctor.

Other provisions include arrangements for admission to hospital for confinement when advisable on social grounds, and for the conveyance to the clinic by the hospital car service of patients who, on medical grounds, are unable to travel by public transport; arrangements are also made when necessary for home helps during the confinement. The patient is encouraged to take regularly the food supplements provided for expectant mothers under the Government welfare foods scheme, and every effort is made to put her in touch with any other service available during the ante-natal period.

Patients developing illness or obstetric abnormalities during pregnancy are referred to the family doctor for treatment or, after consultation with him, may be referred to the obstetrician in charge of a hospital maternity unit for advice or hospital care.

Specimens of blood are collected as a routine measure at local health authority clinics for the Wassermann and Kahn tests, and for determining the blood group of the mother. These tests together with the examination of any pathological specimens, haemoglobin estimations and pregnancy tests are carried out at the laboratory. General practitioners are invited to send their ante-natal patients to the clinics for collection of blood for testing at the laboratory, and many make use of this service.

Post-natal examinations are carried out at all ante-natal clinics, but the number of women who attend for this purpose continues to be low, due to the fact that those delivered in hospital and under the general practitioner-obstetrician scheme, receive post-natal care under the terms of these services. No ante-natal clinic is held in the South Dorset area, but post-natal cases are seen by appointment at the health centre.

#### *Ante-Natal and Post-Natal Care at Local Health Authority's Clinics, 1956*

Area	<i>Combined Ante-Natal and Post-Natal Clinics</i>	<i>Midwives' Ante-Natal Clinics</i>	<i>First Attendances</i>		<i>Total Attendances</i>	
			<i>Ante-Natal</i>	<i>Post-Natal</i>	<i>Ante-Natal</i>	<i>Post-Natal</i>
County ..	6	—	93	33	502	43
Poole ..	1	—	19	11	31	11
Poole ..	—	5	680	—	2,804	—
Totals ..	7	5	692	44	3,337	54
Grand Totals ..				736		3,391

#### *Summary of Ante-Natal and Post-Natal Care at Local Health Authority's Clinics, 1952-56*

		1952	1953	1954	1955	1956
Combined Ante-Natal and Post-Natal Clinics ..	10	10	7	7	7	7
First Attendances	{					
Ante-Natal ..	291	305	244	150	112	
Post-Natal ..	146	204	160	70	44	
Total ..	437	509	404	220	156	
Total Attendances	{					
Ante-Natal ..	1,095	1,094	903	739	533	
Post-Natal ..	204	250	181	115	54	
Total ..	1,299	1,344	1,084	854	587	
Midwives' Ante-Natal Clinics:						
First Attendances ..	..	..	—	—	—	680
Total Attendances ..	..	..	—	—	—	2,804

#### *Dental Care*

Dental treatment for expectant and nursing mothers continues to show a slight increase. The service is still somewhat restricted by the shortage of dental officers, and still further by the lack of suitable clinic accommodation which limits most of the work to Dorchester, Poole and Weymouth.

Where available, full treatment is offered, including general anaesthetics, supplies of dentures, and x-ray examination.

#### *Statistics*

##### *Dental Care of Expectant and Nursing Mothers, 1952-1956*

		1952	1953	1954	1955	1956
Number examined ..	..	167	197	184	229	250
Number needing treatment ..	..	157	181	177	220	245
Number treated ..	..	128	150	133	153	151
Number made dentally fit ..	..	120	141	107	106	120
<i>Particulars of Dental Treatment provided:</i>						
Extractions ..	..	291	206	367	373	324
Anaesthetics—General ..	..	37	26	42	54	39
Fillings ..	..	254	268	243	177	190
Scalings/Gum Treatment ..	..	62	69	112	90	81
Silver Nitrate ..	..	3	5	—	1	—
Dentures provided	{	20	13	15	21	29
Complete ..	..	31	35	19	31	47
Partial ..	..					

### *Relaxation Classes*

At Dorchester, Wimborne, and Weymouth relaxation classes are held, to which consultant obstetricians and general practitioners may refer expectant mothers and mothers requiring post-natal exercises, and arrangements to cover other parts of the county are proceeding.

The classes are aimed at giving the expectant mother an insight into the mechanism of labour, at helping her to attain good muscular co-ordination and a sense of general well-being during her pregnancy.

The total number of attendances at relaxation classes in 1956 was 632, compared with 427 in 1955.

### *Educational Work*

The object of educational work at ante-natal clinics is to teach the expectant mother to maintain good health during pregnancy and, in conjunction with instruction in relaxation, to prepare her for a confident approach to the impending confinement and the care of her new-born child.

The number of expectant mothers attending the clinics for the purpose of health education and mothercraft training has been higher during 1956 than in the previous year, but is still a very small proportion of the number of women booked for hospital and domiciliary confinement in those areas in which the service is available.

As far as this service is concerned, it is regretted that apparently only a few general practitioners appreciate the need which is so obvious to those medical officers, health visitors, and midwives, who have had considerable experience of the work. The apprehension of the woman facing her first pregnancy and confinement which she suffers due to ignorance of the normal physiological changes occurring during pregnancy and labour causes untold mental trauma and physical ill-health. Much of her anxiety can be alleviated or prevented by common-sense instruction coupled with reassurance during pregnancy, but this takes time and cannot be carried out in a busy consulting room or in the out-patient department of a hospital.

Mothercraft training is undertaken at ante-natal clinics in the county by the medical officer in charge and the appropriate health visitor or district nurse. Talks on a wide range of suitable subjects are arranged at the larger clinics and are supplemented by individual advice. Each talk is followed by a free discussion. In addition, health visitors attend the hospital ante-natal clinics at Weymouth. Formerly a health visitor attended at Bridport Hospital ante-natal clinic, but due to lack of suitable accommodation the service has now been discontinued.

At Dorchester, patients booked for hospital confinement, as well as those booked for domiciliary delivery, attend the local health authority ante-natal clinic for advice on mothercraft and general health education.

During the year the framework of the talks and demonstrations has remained unchanged, but additions and variations in the presentation of essential subjects have been made in an endeavour to meet the needs of different patients. A good variety of up-to-date leaflets and posters has been provided and use has been made of a birth atlas and flannelgraphs in connection with the talks.

The total number of attendances at mothercraft talks in 1956 was 655 compared with 523 in the previous year.

### *Ante-Natal and Post-Natal Care by General Practitioners*

The county scheme for ante-natal and post-natal care of domiciliary midwifery cases by general practitioners in districts not conveniently served by an ante-natal clinic is still in operation, but due to changes brought about by the National Health Service Act, the facilities are now mainly used in those instances where a woman who elects to book a midwife to take charge of her confinement is unable to attend a clinic for examination.

### *Statistics*

#### *Ante-Natal and Post-Natal Examinations by General Practitioners of Patients who have booked a Midwife but are unable to attend County Council Clinics*

	1952	1953	1954	1955	1956
<i>Ante-Natal Examinations:</i>					
Number of women examined	25	23	31	23	18
Number of examinations made	32	29	37	27	24
<i>Post-Natal Examinations:</i>					
Number of women examined	—	—	1	—	1
Number of examinations made	—	—	1	—	1

### *Care of Unmarried Mothers*

Facilities provided for unmarried mothers include care at ante-natal clinics, arrangements for maternity beds at hospital or maternity home, visiting by health visitors and co-operation with moral welfare workers.

The county council is not directly responsible for any mother and baby homes in the county, but financial responsibility is accepted for the maintenance of cases admitted to St. Monica's Home, Parkstone, which is run under the auspices of the Salisbury Diocesan Association for Moral Welfare and provides maternity accommodation for unmarried mothers. Arrangements have also been made for admission to other approved homes, including St. Gabriel's Home, Weymouth; and Beckingsale House, Salisbury.

No staff is employed by the county council to deal with the problem of the unmarried mother and her children, but welfare workers, employed by the Salisbury Diocesan Association for Moral Welfare, carry out their duties in close co-operation with the county health department. For these services an annual grant is made to the association, who provide a valuable and efficient service.

## Particulars of Admissions to Mother and Baby Homes

Name of Home	Number of Cases Admitted				
	1952	1953	1954	1955	1956
St. Monica's Home, Parkstone .. .	24	19	16	30	14
St. Gabriel's Home, Weymouth .. .	40	27	23	24	15
Beckingsale House, Salisbury .. .	4	8	6	10	8
Free Church Council Maternity Home, Bournemouth .. .	2	—	—	—	—
St. Thomas Lodge, Bournemouth .. .	1	1	—	1	2
The Fellowship of St. Michael and All Angels, London, S.W.1 .. .	—	1	—	—	—
The Girls' Hostel, Devizes .. .	—	1	3	1	—
St. Bartholomew's Home, Winchester .. .	—	1	—	—	—
Mount Hope, Bristol .. .	—	—	—	1	1
St. Raphael's Home, Bristol .. .	—	1	1	2	1
Hillview Hostel, Bath .. .	—	1	1	—	—
St. John's Home, Bristol .. .	—	—	—	—	3
Grove House Home, Bristol .. .	—	—	—	1	—
Totals .. .	74	59	51	70	44

## Maternity Outfits

The contents of the maternity outfits issued by the county council conform to the minimum requirements laid down by the Ministry of Health. The outfits are available free of charge for all domiciliary confinements and are supplied to the midwives in bulk instead of as formerly on application for each booked case. The present method of distribution has reduced the cost of packing and postage and has the added advantage that outfits are available to the midwife for use in emergency cases.

During the year 1,674 outfits were issued compared with 1,688 in 1955 and 874 in 1949, the first full year of the national health service.

The distribution of the outfits was as follows:—

County Area .. .	..	..	857
Poole Area .. .	..	..	673
South Dorset Area .. .	..	..	144
<hr/>			
1,674			

## Welfare Centres (Tables 8 and 9)

## Administrative Arrangements

In general the administrative arrangements are similar to those for ante-natal and post-natal care, and the service is administered with the assistance of voluntary committees and in close liaison with the same voluntary bodies. Co-operation has also been established with the regional hospital board with a view to the supply of such specialist services as the county council may require, and the remarks under the section dealing with the ante-natal and post-natal care apply equally to the welfare service, where the help of all specialists consulted has been of considerable value.

The services of a consultant child psychiatrist, employed part-time by the county council, are available for children attending child welfare centres who are considered to be in need of child guidance. Child guidance clinics are held regularly at convenient centres in the county, and close co-operation has been established between the consultant psychiatrist and his team on the one hand, and the medical officers and health visitors on the other.

No arrangements have, as yet, been made by the county council for the provision of consultant paediatric clinics in connection with child welfare centres, but children considered to require specialist advice are referred to the family doctor, who in turn refers them to a consultant paediatrician employed by the regional hospital board. Orthopaedic and other cases requiring consultant advice are also referred to the family doctor.

Following research undertaken by the Medical Research Council into whooping cough immunisation pertussis vaccine became available in July, 1955, for immunisation against whooping cough at all infant welfare centres in the county. In July, 1956, triple antigen was introduced for combined immunisation against diphtheria, whooping cough and tetanus. The service continues to meet with a good response and the majority of babies attending the centres are immunised at an early age.

Vaccination against smallpox, which became available at welfare centres in the county in 1954, is meeting with a variable response. There is a deeply rooted prejudice against this particular prophylactic measure throughout the county, and many mothers have expressed the view that there is no need for vaccination owing to the complete absence of the disease in the country.

Dried milks and nutrients, other than those supplied under the national scheme, are available for sale at welfare centres at cost price, plus ten per cent for handling expenses. Medicaments, of which the issue is very small, are supplied free of cost when ordered by the medical officer in charge of a welfare centre.

The bi-monthly sessions provided for toddlers at Dorchester welfare centre are well attended although numbers are purposely kept low to allow time for mothers fully to discuss with the medical officer problems connected with the mental and physical development of the pre-school child. Many of the children attending are those transferred from the infant welfare clinic and are well known to the staff. Others are children who for some reason or other have not previously attended a welfare centre and are referred due to the presence of defects noted by health visitors at routine visits to the home.

It is interesting to note that a great number of mothers attending these sessions with their children are particularly concerned with behaviour difficulties developing in young children, especially in a first child when a new baby arrives in the home. For this reason, mothers known to be expecting a second child are encouraged to prepare the toddler very carefully for the advent of the new baby and are urged in his interests to be confined at home. Another fact which emerges from these sessions is the real need for the provision of nursery schools and nursery classes for the active intelligent child who develops behaviour difficulties purely as a revolt against the boredom of the ordinary domestic routine.

The toddlers' clinic affords opportunity for the early detection and specialist treatment of speech defects, partial deafness and squint, also of cases needing early dental and orthopaedic treatment.

No toddlers' sessions are, as yet, available in other areas in the county, but in view of the use made of the service in Dorchester, particularly in connection with mental health and difficulties presented by potential problem families, the establishment of such sessions at other centres might well prove valuable to the mother needing encouragement, reassurance, and common-sense explanation concerning problems causing anxiety in the upbringing of her family.

The infant welfare centre has become a well established institution and in Dorset, where the county area is well covered with centres, attendances during the year have been highly satisfactory, the record number of children attending in 1955 having been substantially exceeded in 1956. In this connection it must be emphasised that high attendances alone are not a true measure of the success of the infant welfare scheme. Far more important is an assessment of its influence on the health and well-being of the community it serves. For this reason attendance at local health authority centres with the prime object of obtaining dried milk, welfare supplements and inoculations is strongly discouraged and in practice rarely occurs, as the great majority of mothers attending are eager for advice and help in connection with the health and well-being of the family.

To meet the growing demand of the public for preventive and social medicine three new welfare centres, including one at Weymouth, were opened during the year, and in October, in order to meet the growing needs of the locality, an arrangement was made to open the centre at Upton weekly instead of twice monthly. One small centre was closed due to decreasing attendances, leaving forty-three centres available during 1956. In addition, there are three infant welfare centres in military camps in the county, run by voluntary committees, where health visitors attend for weight recording and to give advice on mothercraft. Two small centres have also been established, one at Rushton Heights and one at Charmouth, each of which is attended regularly by a health visitor for weight recording and to give advice on mothercraft.

#### Clinical Work

The clinical work of the centres is purely preventive in character and aims at the early detection of congenital and acquired defects and diseases, with the object of referring such cases to the family doctor before complications arise. Each welfare centre is attended regularly by a medical officer, and every infant is medically examined at his first attendance and thereafter at periodic intervals. Infants and young children are closely observed for signs of nutritional deficiencies or other deviations from normal health, and laboratory investigations are carried out when considered advisable. Within the scope of the service nutritional requirements, including food supplements, are adjusted according to the needs of the individual child.

Diphtheria immunisation is carried out at all centres and since July, 1956, triple antigen for combined diphtheria, whooping cough and tetanus immunisation has been available. Vaccination against smallpox is performed at a number of centres.

Children born of parents known to be suffering from tuberculosis or coming from tuberculous households are, with the approval of the family doctor, referred to the chest physician for investigation and B.C.G. vaccination if necessary. The keen interest shown by many parents attending welfare centres in the prevention of tuberculosis in young children is exemplified by the following incidents:

- (a) A young mother attended the welfare centre asking for arrangements to be made for her toddler to attend the chest clinic, because he had inadvertently been in contact with a neighbour suffering from pulmonary tuberculosis.
- (b) A mother, the wife of a dairyman, brought her child to the centre because he had recently developed enlarged cervical glands which she attributed to infection due to drinking raw milk from a herd of cows, some of which had proved positive reactors to the tuberculin test.

Both children were referred to the chest physician for investigation and happily neither was found to be infected.

#### Statistics

##### *Analysis of Attendances at Welfare Centres*

Infants under 1 year of age attending first time ..	..	2,821
Children 1—5 years of age attending ..	..	7,556
Total attendances of infants under 1 year of age ..	..	34,647
Total attendances of children 1—5 years of age ..	..	20,109
Number of live births notified ..	..	4,213
Percentage that attended while under 1 year of age ..	..	66.9

#### Dental Care

There has been no marked improvement in the dental condition of children as many still attend for treatment at a very early age. The service is somewhat hindered by shortage of staff and lack of suitable accommodation, but the state of their teeth would be improved considerably by better co-operation of the parents in instructing the children in oral hygiene. The parents should also supervise the cleaning of their children's teeth, and films on this subject are now being shown at meetings of various associations and at child welfare centres in order to encourage mothers to teach their children the value of tooth brush drill.

##### *Dental Care of Children under Five Years of age, 1952—1956*

	1952	1953	1954	1955	1956
<i>Numbers provided with dental care:</i>					
Number examined ..	388	451	601	572	635
Number needing treatment ..	314	381	538	531	594
Number treated ..	281	365	489	494	536
Number made dentally fit ..	287	358	464	444	485
<i>Particulars of dental treatment provided:</i>					
Extractions ..	363	443	562	553	535
Anaesthetics—General ..	187	246	334	323	322
Fillings ..	334	358	274	294	262
Scalings/Gum treatment ..	8	5	8	10	6
Silver Nitrate ..	20	72	35	8	40

### *Educational Work*

Educational work as a statutory obligation of the local health authority is carried out by medical officers and health visitors. The broad principles of health education are brought to the notice of those attending welfare centres by means of large arresting posters, films and short talks by health visitors, with the object of arousing the interest of parents in the more detailed aspects of the subject according to their individual needs and capacity. The maintenance of good physical health and mental balance is encouraged by eminently practical measures including advice on food values and good cooking, suitable clothing and footwear, labour-saving devices and equipment and the need for adequate rest and recreation. Talks where possible are supplemented by films or a display of suitable footwear for toddlers and school children, and clothing, bedding, etc., kindly lent for the purpose by local tradesmen.

The subject of accidents in the home has again been kept in the forefront of current propaganda, and prevention of accidents on the highway has also received its fair share of attention. Much needed propaganda on the necessity for cleanliness in food preparation and storage has been pursued with vigour during the year, and no opportunity has been lost in pointing out the serious effects on the health of the nation of the neglect of cleanliness in the handling of foodstuffs. The importance of dental hygiene, care of the feet, vaccination, immunisation, and other subjects included in health education has been stressed by means of films, demonstrations, and poster displays arranged in connection with each subject for a period of a month or six weeks during the year.

Mothers attending the centres, although not particularly attracted by films and set talks, are gradually becoming more receptive to visual aids. The vast majority respond well to individual advice and practical demonstrations. Small group discussions continue to be popular and prove highly successful as a means of introducing sound educational principles.

Posters, leaflets and demonstrations displayed in the waiting halls at clinics are useful for keeping the general public informed of advances in health education, and it is gratifying to observe the interest shown in the displays by those visiting the clinics for various purposes.

### *Health of the Child*

Children under regular medical supervision at the centres have continued during the year to maintain good physical health, but the mental health of children of two years and upwards has generally been less satisfactory, an appreciable number exhibiting temper tantrums, irritability, and other symptoms of mental disturbance. Some of these children have been admitted to hospital for investigation; others have been referred to the county consultant children's psychiatrist with good results in some instances, but in others, where the mother has failed to realise the importance of the part she plays towards the child's recovery, little progress has been observed. All too often the father of the family fails in his responsibility towards the character building of the young child, which is left to the mother; nor does he appreciate the importance of his influence and its far reaching effects, for good or evil, on the behaviour of the growing child and ultimately on his conduct in response to the stresses and strains of adult life.

### **Other Provision**

#### *Birth Control*

Advice on contraception is given at Poole, Dorchester, Blandford, Bridport, Wareham and Weymouth, and also at Beaminster until September when the clinic was closed owing to the small number of patients attending. Medical officers in charge of clinics at Poole, Dorchester and Wareham hold separate sessions for this service, and only patients specifically recommended by medical practitioners are given advice and instruction.

The clinics continue to prove their usefulness in helping married women suffering from serious medical conditions, including pulmonary tuberculosis, cardiac disease, mental illness, disseminated sclerosis, epilepsy and innumerable other conditions hazardous to child-bearing, to avoid pregnancy. During the year under review several women have been recommended for this service on justifiable social grounds, including bad and overcrowded housing conditions especially amongst caravan dwellers where a family of two or more children is living in a caravan under very difficult conditions for the mother. A review of the cases recommended for birth control reveals that a high proportion of women voluntarily discard its use as soon as their health and circumstances permit; others who cannot be restored to full mental or physical well-being due to the nature of their illness continue to use it to the advantage of themselves and their families.

Theoretically birth control should be a valuable factor in the rehabilitation of the problem family but, in practice, other factors such as mental and physical ill-health of one or both parents and low social standards militate against it. Often the mother is incapable of the sustained effort necessary for success or, quite commonly, the father refuses to co-operate. Family doctors should not be discouraged from recommending such patients to a contraception clinic for advice, even if there appears to be less likelihood of success than failure.

### *Statistics*

*Attendances at Contraception Clinics*

<i>Clinic</i>		<i>Number of Sessions</i>	<i>First Attendances</i>	<i>Total Attendances</i>
Blandford	..	22	38	89
Dorchester ..	..	28	71	328
Bridport ..	..	23	44	150
Beaminster ..	..	17	9	39
Wareham ..	..	23	41	191
Hamworthy ..	..	73	99	630
Weymouth ..	..	23	109	157
Totals	..	209	411	1,584

*Summary of Attendances at Contraception Clinics, 1952-56*

<i>Particulars</i>	<i>1952</i>	<i>1953</i>	<i>1954</i>	<i>1955</i>	<i>1956</i>
Number of Sessions ..	81	92	127	194	209
First Attendances ..	185	217	247	375	411
Total Attendances ..	800	1,038	1,215	1,504	1,584

*Care of Premature Infants*

Domiciliary provision includes special nursing care by the midwife and, where necessary, the issue of special dried milk and equipment such as hot water bottles, suitable covering and clothing, and feeding vessels. Where a premature birth can be anticipated, encouragement is given for institutional confinement, and in practice it is found that a high proportion of infants in need of specialised care are either born in hospital or are admitted to hospital within an hour or so of delivery. Arrangements have been made to equip all full-time ambulance depots with a special cot for transferring these cases to hospital.

A good liaison has been established with hospital paediatric units and no difficulty is encountered in obtaining institutional care for premature infants when needed. In doubtful cases a paediatrician on the hospital staff visits the home at the request of the family doctor, and if he considers admission to hospital unnecessary, advises on the domiciliary care of the infant.

The number of premature live births notified in 1956 was 303, an increase of forty-three on the preceding year, and is the highest number recorded since the present method of analysis and recording was introduced in 1949. Of the 303 premature live infants recorded 245, or 80.8 per cent, survived at the end of one month. The number of premature stillbirths notified in 1956 was fifty compared with forty-two in each of the preceding two years. It is again disappointing to note that the number of premature births notified year by year in Dorset shows no appreciable change for the better despite the facilities provided for maternity patients under the National Health Service Act and the prevailing improved economic and social conditions.

Undoubtedly early ante-natal care is a factor in reducing the risk of premature birth, and there is an urgent need for intensive propaganda by family doctors and local health authorities for the purpose of educating the general public in the importance of medical supervision from the second month of pregnancy. In present circumstances women especially needing this care, such as those expecting a first baby, multiparae in poor general condition, women with a history of abortion, premature labour or obstetric complications all too often fail to recognise the vital necessity for early ante-natal care, and see no reason for medical advice until they are well advanced in the second trimester of pregnancy or even later.

*Statistics*

Of the number of premature infants notified in 1956, seventy-two were born at home and 231 in hospitals and nursing homes.

<i>Premature Live Births.</i>													<i>Premature Stillbirths</i>					
<i>Born in hospital.</i>			<i>Born at home and nursed entirely at home.</i>			<i>Born at home and transferred to hospital on or before 28th day.</i>			<i>Born in nursing home and nursed entirely there</i>			<i>Born in nursing home and transferred to hospital on or before 28th day</i>			<i>Born in hospital</i>	<i>Born at home</i>	<i>Born in nursing home</i>	
<i>Total</i>	<i>Died within 24 hrs. of birth</i>	<i>Survived 28 days</i>	<i>Total</i>	<i>Died within 24 hrs. of birth</i>	<i>Survived 28 days</i>	<i>Total</i>	<i>Died within 24 hrs. of birth</i>	<i>Survived 28 days</i>	<i>Total</i>	<i>Died within 24 hrs. of birth</i>	<i>Survived 28 days</i>	<i>Total</i>	<i>Died within 24 hrs. of birth</i>	<i>Survived 28 days</i>				
or less	43	11	19	4	2	2	5	1	3	—	—	—	—	—	—	6	5	—
4 oz. and in- 4 lb.	51	4	42	7	1	5	5	—	3	—	—	—	—	—	—	20	4	1
6 oz. and in- 4 lb.	43	1	37	8	—	8	2	1	1	—	—	—	—	—	—	3	—	—
15 oz. and in- 5 lb.	94	2	85	39	—	39	2	—	1	—	—	—	—	—	—	8	3	—
Is	231	18	183	58	3	54	14	2	8	—	—	—	—	—	—	37	12	1

Premature Infants Notified, 1952—1956

Premature Live Births				1952	1953	1954	1955	1956
Number of premature infants notified	..	..	..	223	255	190	260	303
Number of premature infants who were:								
Born at home	..	..	..	56	62	39	69	72
Born in hospital or nursing home	..	..	..	167	193	151	191	231
Number of those born at home and nursed entirely at home who:								
(1) died during first 24 hours	..	..	..	2	5	2	1	3
(2) survived at end of one month	..	..	..	36	39	28	47	54
Number of those born at home who were transferred to hospital				17	16	7	17	14
Number of those born in nursing homes who:								
(1) died during first 24 hours	..	..	..	—	—	1	—	—
(2) survived at end of one month	..	..	..	—	3	1	7	—

*Children Neglected or Ill-treated in their own Homes*

Arising out of a joint circular issued in 1950 by the Home Office, Ministry of Health, and the Ministry of Education, with regard to children neglected or ill-treated in their own homes, the county council appointed the clerk of the county council temporarily as designated officer. It was decided that regular meetings of officers as suggested in the circular be not held, but arrangements were made for significant cases of child neglect and all cases of ill-treatment to be reported to the designated officer so that appropriate joint action could be taken.

*Protection of Children from Tuberculosis*

In accordance with a recommendation by the Ministry of Health, applicants for employment in residential nurseries and children's homes provided by the county council undergo a routine medical examination, including a radiological examination of the chest, before engagement and an annual x-ray examination thereafter. During the year under review seven initial and twenty-one annual x-ray examinations were completed. None of the films showed signs of tuberculous infection.

Applicants for appointment at the two residential establishments for handicapped pupils maintained by the Dorset Local Education Authority are dealt with in the same way, and eleven radiological examinations of the chest were carried out in 1956; none of the films showed signs of tuberculous infection.

*Day Nurseries*

The provision of day nurseries in the county is limited to one at Poole, which is maintained by the county council and is considered adequate to meet the demands for this service. No day nurseries are maintained by voluntary organisations.

Admissions are confined to children between the ages of two and five years, whose mothers find it necessary by reason of social circumstances to obtain work in order to support the family and who are single, separated, widowed or have disabled or invalid husbands. A charge is made in respect of each child admitted, and the chairman of the appropriate sub-committee in consultation with the area medical officer is empowered to reduce the amount in case of hardship. The following order of priority was adopted by the county council when applications for admission of children to the day nursery were being considered:—

- (a) Children living with only one parent or guardian in poor circumstances upon whose earnings their maintenance depends;
- (b) Children for whose daily care arrangements are desirable by reason of the necessity for the person who would normally have care of them in the home to be gainfully occupied in order to maintain a reasonable minimum standard of subsistence;
- (c) Children whose admission to a day nursery is rendered desirable for reasons of financial hardship or difficult domestic circumstances not amounting to a qualification under (a) or (b) above, or by reason of a need for disciplinary training.

The nursery which was opened in 1952 was specially built for the purpose and is pleasantly situated in the grounds of Belmont Court, Parkstone. It is fitted with good modern equipment and there is ample space for indoor and outdoor activities. In addition to providing amenities conducive to the mental and physical well-being of the growing child, the nursery serves as a valuable centre for imparting principles of mothercraft and general health education to mothers making use of the service.

*Statistics*

Day Nursery	1952	1953	1954	1955	1956
Number of approved places	50	50	50	50	50
Number of children on register at end of year	34	54	49	45	47
Average daily attendance during year	24	23	31	29	26

*Distribution of Welfare Foods*

The distribution of foods from 162 centres in the county has proceeded along the same lines as hitherto, and the voluntary workers have continued to give invaluable assistance to the service. Quantities of foods issued to beneficiaries have been very largely similar to those of previous years, with the usual seasonal fluctuations in cod liver oil and orange juice, the former being more in demand in the winter months and the latter being consumed in large quantities during the summertime.

Several additional centres have been opened in response to local demand, and little difficulty has been experienced in finding voluntary distributors.

The delivery firm operating on behalf of the Ministry of Health has again reorganised the delivery schedules with a view to effecting an economy in motor fuel and the use of heavy vehicles. This has caused considerable extra administrative work, but the scheme has now settled to the new schedules and is continuing to operate smoothly and economically.

<i>Welfare Foods Distributed</i>		1955	1956
National Dried Milk (tins) ..	129,145	121,270	
Cod Liver Oil (bottles) ..	35,383	31,993	
Vitamin A & D (packets) ..	12,927	12,885	
Orange Juice (bottles) ..	204,373	223,452	

### **DOMICILIARY MIDWIFERY (Section 23) (Tables 10—12)**

#### *Administrative Arrangements*

The service is delegated to the Dorset County Nursing Association, except in areas coinciding with the boroughs of Poole and Weymouth where full-time midwives are employed directly by the county council. The establishment at Poole is eleven midwives, but at present, there is one vacancy which is temporarily filled by a relief midwife. At Weymouth, three midwives are employed. The Dorset County Nursing Association employ fifty-three midwives who undertake combined duties, midwifery and home nursing.

During 1956, vacancies have been rather more difficult to fill than in previous years, and the provision of relief staff during illness or holiday periods continues to cause anxiety. Housing for midwives in the county is generally satisfactory.

Owing to the large area covered by each midwife, all fifty-three midwives employed by the Dorset County Nursing Association are travelling officers; thirty-four provide their own cars and nineteen use a car allocated to the district. In the South Dorset area two midwives provide their own cars and one uses a car allocated to the district. In the Poole area two midwives provide their own cars and eight use county cars.

#### *Supervision of Midwives*

Medical supervision is carried out by the county medical officer of health, assisted by the area medical officers in Poole and South Dorset. The county nursing officer, who is an officer both of the Dorset County Nursing Association and of the county council, is responsible for the non-medical supervision of midwives. She has a deputy and two assistants, one of whom is the non-medical supervisor of midwives in Poole.

#### *Administration of Analgesics by Midwives*

All sixty-six midwives employed in the service are qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board, and sixty-one sets of apparatus are in use. The machines are serviced quarterly to ensure reliability. Two machines for the administration of trilene, as an alternative to gas and air, are provided. All midwives are also qualified to administer pethidine in order to provide their patients with the benefit of this form of analgesia.

#### *Statistics*

##### *Midwives qualified to administer Gas and Air Analgesia.*

	1952	1953	1954	1955	1956
(1) Institutional Midwives:					
(a) Employed in homes and hospitals in the National Health Service .. .. ..	45	53	47	39	43
(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service .. .. ..	1	4	2	1	2
Totals ..	46	57	49	40	45
(2) Domiciliary Midwives:					
(a) Employed directly by the Local Health Authority .. .. ..	13	13	13	12	14
(b) Employed by the Dorset County Nursing Association as agents of the Local Health Authority (Part-time) .. .. ..	54	52	53	52	52
Totals ..	67	65	66	64	66

##### *Sets of Apparatus for the administration of Gas and Air in use by Domiciliary Midwives at the end of each year*

	1952	1953	1954	1955	1956
Used by midwives in direct employment of the Local Health Authority .. .. ..	10	12	13	13	13
Used by midwives in the employment of the Dorset County Nursing Association as agents of the Local Health Authority .. .. ..	51	49	48	48	48

*Number of Cases in which Gas and Air was administered by Midwives in Domiciliary Practice during the years 1952-1956*

	1952	1953	1954	1955	1956
By midwives employed directly by the County Council:					
(1) when acting as a midwife .. ..	452	548	496	549	622
(2) when acting as a maternity nurse .. ..	131	183	165	133	112
Totals .. ..	583	731	661	682	734
By midwives employed by the Dorset County Nursing Association as agents of the County Council:					
(1) when acting as a midwife .. ..	437	358	468	463	402
(2) when acting as a maternity nurse .. ..	176	173	206	232	238
Totals .. ..	613	531	674	695	640

*Number of Cases in which Pethidine was administered by Midwives in Domiciliary Practice during the years 1952—1956. (Previous years not recorded)*

	1952	1953	1954	1955	1956
By midwives employed directly by the County Council:					
(1) when acting as a midwife .. ..	286	348	377	435	469
(2) when acting as a maternity nurse .. ..	46	124	175	97	109
Totals .. ..	332	472	552	532	578
By midwives employed by the Dorset County Nursing Association as agents of the County Council:					
(1) when acting as a midwife .. ..	119	181	233	292	220
(2) when acting as a maternity nurse .. ..	142	99	149	239	178
Totals .. ..	261	280	382	531	398

*Arrangements for Ante-Natal Supervision by Midwives*

Where a midwife books a case routine domiciliary visits are paid monthly during the first six months; fortnightly during the seventh and eighth months; weekly during the ninth month, and additional visits made as may be found necessary. The patient is also seen during her pregnancy by a doctor, either at a local health authority clinic or at home under the county council general practitioner scheme.

In the event of a doctor booking a case, ante-natal supervision is given by the midwife by arrangement with him.

*Co-operation with General Practitioners*

With very few exceptions co-operation between midwives and general practitioners is satisfactory. Doctors are asked to indicate to the midwife the degree of supervision they intend to exercise, and whether they intend to be present at the confinement or only to be summoned by the midwife in an emergency. In maintaining statistical records, endeavour has been made to differentiate between these two types of cases, giving credit to the midwife for extra responsibility.

*Medical Aid*

In 1956, the number of claims made by general practitioners on the local health authority in respect of medical aid provided at the request of domiciliary midwives was higher than in 1955, but is still low in comparison with the number of claims made before the inception of the national health service. It is evident that general practitioners are prepared to provide maternity medical services under Part IV of the National Health Service Act, but in the majority of cases attend confinements only when any abnormality is present or at the request of the midwife.

*Statistics*

*Medical Aid under Section 14 (1) of Midwives Acts, 1918-1951*

<i>Cases in which medical aid was summoned during the year by Midwives.</i>	1952	1953	1954	1955	1956
(a) Domiciliary Cases:					
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service .. ..	58	101	81	58	101
(ii) Others .. .. .. ..	50	64	31	41	11
(b) For cases in Institutions .. .. .. ..	1	1	—	6	3
Totals .. .. .. ..	109	166	112	105	115

*Midwifery Cases Attended, 1956*

<i>Cases attended by</i>	<i>Domiciliary</i>		<i>Hospitals and Nursing Homes</i>	
	<i>Midwifery</i>	<i>Maternity</i>	<i>Midwifery</i>	<i>Maternity</i>
Midwives employed by the County Council ..	696	130	—	—
Midwives employed by the County Nursing Association .. ..	488	276	—	—
Midwives employed in Hospitals .. ..	—	—	1,752	649
Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	38	22	—	—
Totals .. ..	1,222	428	1,752	649

*Selection of Hospital Confinements on Social Grounds*

In accordance with the suggestions of the Ministry of Health, assistance is given to the hospital by the local health authority in recommending whether or not cases booked for confinement in a maternity unit should be admitted on social grounds, after investigation by a health visitor on the home circumstances. If the provision of a domestic help will facilitate home confinement, the necessary arrangements are made.

The number of maternity beds available in the West Dorset Group Hospital Management Committee area is adequate to meet all applications for accommodation, with the result that the question of admission on social grounds has not arisen during the past three years. In East Dorset and the Salisbury Group Hospital Management Committee areas, however, where the demand continues to exceed the number of beds available, assistance is given to the hospitals by the local health authority in recommending whether or not cases booked for confinement in a maternity unit should be admitted on social grounds.

An extension of the home-help service to cover the more isolated areas in the county would ease the demand for hospital maternity beds on social grounds, as many women who now go into hospital for confinement would be glad to remain at home if adequate domestic help were available.

*Statistics*

*Selection of Hospital Confinements on Social Grounds*

<i>Source.</i>	<i>1955</i>			<i>1956</i>		
	<i>Requests for investigation of home conditions</i>	<i>Recommended for hospital confinement</i>	<i>Not recommended for hospital confinement</i>	<i>Requests for investigation of home conditions</i>	<i>Recommended for hospital confinement</i>	<i>Not recommended for hospital confinement</i>
Bournemouth and East Dorset H.M.C. ..	188	107	81	208	128	80
Salisbury Group H.M.C. ..	—	—	2	—	—	—
Other Sources .. ..	34	20	14	23	15	8

*Refresher Courses*

All midwives employed by or on behalf of the county council attend a post-graduate course once in five years.

*Training*

Part II district midwifery training is arranged in conjunction with the West Dorset Group Hospital Management Committee. Midwives approved by the Central Midwives Board as district teachers accept pupils in rotation as bookings permit. A pupil spends half of her six months training period on the district, and in 1956 twenty pupils were trained as compared with fifteen during the previous year.

*Maternal and Neonatal deaths, and conditions associated with childbirth*

During the year sixty notifications of puerperal pyrexia were received compared with 65 during 1955.

Two cases of ophthalmia neonatorum were notified in 1956 compared with seven in the previous year, but in neither case was the vision impaired. No case of pemphigus neonatorum was notified during the year.

Two maternal deaths were recorded in the county.

An analysis of the neonatal deaths during the year reveals the following causes:—

<i>Cause of Death</i>	<i>Percentage of Total</i>
Prematurity ..	44.6
Congenital deformities ..	21.6
Birth injuries ..	13.5
Respiratory infections ..	9.6
Atelectasis ..	4.0
Accidental asphyxia ..	2.7
Others ..	2.7
Rh. factor ..	1.3
Total ..	100.0

### Statistics

#### *Infectious Diseases associated with Childbirth, Maternal and Neonatal Deaths, 1952—1956*

	<i>Cases Notified</i>	1952	1953	1954	1955	1956
Puerperal Pyrexia:	Domiciliary Confinements ..	15	10	10	4	7
	Institutional Confinements ..	61	67	48	60	53
Puerperal Fever:	Domiciliary Confinements ..	—	—	—	—	—
	Institutional Confinements ..	5	—	1	—	—
Ophthalmia Neonatorum:	Domiciliary Confinements ..	—	—	—	6	—
	Institutional Confinements ..	1	1	—	1	2
	(a) Vision unimpaired ..	—	1	—	7	2
	(b) Vision impaired ..	—	—	—	—	—
	(c) Vision lost ..	—	—	—	—	—
	(d) Patient died ..	—	—	—	—	—
	(e) Patient still under treatment at end of year ..	—	—	—	—	—
	(f) Patient removed from district ..	—	—	—	—	—
	(g) Other classification ..	—	—	—	—	—
Pemphigus Neonatorum:	Domiciliary Confinements ..	2	—	—	—	—
	Institutional Confinements ..	—	1	—	—	—
Maternal Deaths ..	.. .. .. .. ..	4	5	3	1	2
Neonatal Deaths ..	.. .. .. .. ..	73	75	78	79	74

#### *Comparison between Hospital and Domiciliary Confinements, 1952—1956*

	<i>Poole Area</i>					<i>South Dorset Area</i>					<i>Remainder of County</i>					<i>Whole County</i>				
	1952	1953	1954	1955	1956	1952	1953	1954	1955	1956	1952	1953	1954	1955	1956	1952	1953	1954	1955	1956
1. The total number of births notified during the year ..	1175	1074	1187	1227	1256	861	903	906	943	934	2108	2103	2014	1866	1861	4144	4080	4107	4036	4051
2. The percentage of notified births which took place in hospitals and nursing homes ..	51	56	50	48	51	82	82	77	75	74	61	59	61	60	61	62	63	61	60	61
3. The percentage of domiciliary confinements ..	49	44	50	52	49	18	18	23	25	26	39	41	39	40	39	38	37	39	40	39

#### *HEALTH VISITING (Section 24) (Table 13)*

##### *Administrative Arrangements*

The establishment of health visitors for the whole county was increased by two with effect from the 1st April, 1956. The total establishment is now thirty-nine, which includes two health visitors appointed in 1955 for liaison duties under section 28 of the National Health Service Act. Two further health visitors are needed to bring the establishment up to one health visitor per 6,000 of the population, which is the ratio for the country as a whole. The health visitors, who are all appointed on a whole-time basis, undertake a wide range of duties including those defined under section 24 of the National Health Service Act. For this purpose the combined areas of the district medical officers of health have been sub-divided, and each health visitor allocated an area in which she is responsible for all health visiting duties including attendance at clinics, welfare centres and school medical inspections.

The health visitors work closely with the county nursing officer, who co-ordinates their duties, and the district medical officers of health who are also assistant county medical officers.

The fourth Saturday in every month has been set aside for health visitors' conferences. These conferences give opportunity for health visitors to discuss their work with medical officers on the central staff and with the county nursing officer, and keep them up-to-date with current circulars and reports. Among the lecturers during 1956 were three local consultant physicians each of whom spoke on his own subject, namely paediatrics, tuberculosis and mental health. These talks were much appreciated and followed by interesting discussions in which consultant, medical officers and health visitors took part.

#### *Routine Visiting*

A special record card is forwarded to the appropriate health visitor following the notification of each birth so that she may commence visiting at the appropriate time in order to give advice on general management and health matters. In cases of domiciliary confinement, in accordance with an agreed county policy the midwives are ceasing to visit on the twenty-eighth day of the puerperium when the health visitor becomes responsible. In cases of hospital confinement, the health visitor is notified on the day of discharge and usually visits the home within the next few days. Particulars of each infant, whether born in hospital or at home, are forwarded to the health visitor so that at her first visit to the home she may be familiar with the salient features of the case, be in a position to assess the progress of the child and to advise on its immediate needs. The appointment of four additional health visitors during the year has relieved, to some extent, the pressure of work on the health visiting staff, but in view of the ever increasing duties falling on these officers, particularly in connection with problem families and the aged, the appointment of two further health visitors is indicated in the near future. Much time has been given during the year to visiting potential problem families and to conferences in connection with these cases, in an effort to prevent the break-up of the family. Rehousing presents one of the greatest difficulties in the process of rehabilitation as often housing authorities are reluctant to place evicted tenants and others known to be destructive and disturbers of the peace in houses on good council housing estates.

#### *Special Visiting*

##### *Schools Follow-up and Cleanliness*

Each health visitor in her capacity of school nurse carries out follow-up visits in connection with defects detected at school medical inspections, and also visits the homes of school children for the purpose of making special reports when required by the school medical officer. She also visits the schools regularly to assist the medical officer at medical examinations and on her own account for hygiene inspections and weighing.

During the year under review health visitors have continued to give talks on health education and mothercraft to senior girls at selected secondary modern and grammar schools in the county. These talks are well received by teaching staff and pupils and, as well as having a stimulating effect on personal hygiene, are valuable in giving the girls an insight into the aims and objects of preventive medicine.

#### *Tuberculosis*

A special health visiting record card giving such details as home address and type of the disease, is sent to the appropriate health visitor for each new case added to the tuberculosis register. The home is visited and a report on environment and contacts together with recommendations concerning any service the patient requires that can be provided under the care and after-care scheme is made to central office within ten days. In all cases a copy of this report is sent to the chest physician so that he can arrange for the examination of contacts, and B.C.G. vaccination in suitable cases. The chest physician in turn notifies discharges from sanatoria, and arrangements are made for the health visitor to commence visiting as soon as possible. This she continues to do at least once in every three months when the disease is active, and six-monthly in quiescent cases.

In order to further assist in co-ordinating tuberculosis care and after-care, arrangements were made to second to the South West Metropolitan Regional Hospital Board, as from 1st January, 1953, two health visitors for half their time, one to attend the chest clinic at Dorchester and the other at the Poole clinic. From early 1956 the health visitor seconded to Poole acts in a full-time capacity at the clinic.

#### *Poliomyelitis Vaccination*

The scheme initiated during the year by the Ministry of Health for the vaccination of children between the ages of two and nine years against poliomyelitis gave much additional work to the health visitors, especially those working in rural areas where visits were paid to almost every home in which a child was eligible for vaccination under the scheme. Registration forms were handed to each parent and the merits of the scheme fully discussed. Propaganda was thus brought to the homes of the people, often in very isolated areas which resulted in an excellent response and substantially contributed to the overall acceptance rate of fifty per cent for the selected group.

#### *Old People*

With the special knowledge that a health visitor gains of the families in her area, she is familiar with the circumstances relating to old people. In Dorset arrangements have been made for the health visitors to advise and help where necessary and arrange for whatever specialised services elderly persons may require.

The work of the two liaison health visitors appointed in 1955 has greatly increased, and is referred to in more detail elsewhere in the report.

#### *Surveys*

In addition to their routine duties, health visitors play a valuable part in various national and local surveys that are undertaken from time to time on problems of socio-medical importance. These surveys, as well as contributing to medical knowledge give an added interest to their work.

No new surveys were commenced during the year, but assistance was continued in connection with a national survey of the health and development of children sponsored by the Institute of Child Health, University of London.

#### *Attendance at Clinics*

The health visitor is responsible for the infant welfare centres in her area and attends all sessions as part of her duties. Advice is given on the various problems raised by mothers and consultations with the clinic medical officer are arranged.

The health visitor plays a major role in health education which is an important function of the centre. She also attends the ante-natal clinics in her area to give talks to expectant mothers on mothercraft and to advise on the preparations required for confinement.

#### *Co-operation with General Practitioners*

As noted in previous annual reports the health visitor endeavours to keep in constant touch with the family doctor on matters connected with his patients, either by personal visits or communication by telephone. Good co-operation exists in many areas and is steadily improving in others, but might be still further strengthened by a more direct approach by the general practitioner to the health visitor when he requires her services in connection with the care and after-care of his patients.

### *Co-operation with Hospitals*

In cases of early discharge from hospital where care is needed for mothers, children and old people, the hospital almoners notify either the health department or the health visitor direct. Health visitors also visit the home when information is required regarding environmental conditions before patients are discharged.

Co-operation has been well maintained during the year and has proved particularly valuable in the follow-up of mothers and old people after discharge from hospital.

In the South Dorset area and at Dorchester health visitors attend on rota at hospital paediatric clinics, where they are able to advise the paediatricians regarding the home conditions of the children and in their follow-up visits to the home ensure that advice given to the parents is being reasonably interpreted. At Weymouth, health visitors attend the special ear, nose and throat clinics for children.

Where space and facilities are available the health visitor attends the hospital and ante-natal clinics to give talks and practical demonstrations on mothercraft. In addition to the obvious benefits to the mother, this arrangement enables the health visitor to be fully informed on all circumstances concerning the confinement so that subsequent visiting is made easier.

### *Facilities for Refresher Courses*

All health visitors in the employment of the county council attend a post-graduate course of study once in five years.

### *Training*

No arrangements are made to assist suitable officers to obtain the health visitor's certificate and no facilities are offered by the council for student health visitors.

One of the health visitors on the county staff has been appointed to carry out honorary duties as a Royal Society of Health Examiner of Health Visitors, and is to be allowed special leave for this purpose.

### *Statistics*

*Summary of Visits paid by Health Visitors during the years 1952—1956*

Visits to	1952		1953		1954		1955		1956	
	First Visits	Total Visits								
Children under 1 year of age ..	4,057	28,113	4,137	27,447	4,035	26,811	3,983	34,739	3,832	24,108
Children between ages of 1 and 5 ..	77	36,583	253	43,315	209	42,973	454	38,851	652	41,107
Expectant mothers ..	584	898	513	882	647	995	604	947	659	1,002
Other Cases ..	583	4,154	1,834	6,015	713	5,390	1,003	5,675	1,302	7,424
Home visits to school children	Not recorded	2,661	Not recorded	2,995	Not recorded	1,954	Not recorded	2,628	Not recorded	2,874

## **HOME NURSING (Section 25)**

### *Administrative Arrangements*

This service was delegated to the Dorset County Nursing Association as from July, 1948, acting as agents of the county council, and the arrangement covers the whole of the county. The experience of this association since 1914 ensures that the present service runs smoothly and efficiently. The county nursing officer, assisted by her deputy and an assistant, supervises the work of the nurses as part of her duties.

In 1956 the establishment of home nurses in rural areas, who also act in the capacity of midwives, has been fifty-three. In addition, seventeen in Poole, four in Weymouth and one each in Dorchester and Bridport are employed solely on home nursing. As Dorset is a rural county with a scattered population it has been found necessary and economical in staff for the nurses to use car transport, with the exception of one in Poole. The majority of car users provide their own cars and receive a travelling allowance.

### *Co-operation with General Practitioners*

General practitioners make application for the services of a nurse either directly or through the patient or relatives. The nurse frequently meets the doctor in the home of the patient or in his surgery by mutual arrangement, in order to discuss health matters. This mutually helpful co-operation works smoothly and very satisfactorily. In Poole there is a central office to deal with incoming telephone calls and the allocation of cases. This arrangement has been found necessary for a populous area, but it would be uneconomical for small districts where the nurses can easily deal with their own calls.

### *Liaison with Hospitals*

Discharge notices of patients requiring treatment are sent by almoners in Poole to the central office, and elsewhere direct to the nurse concerned. This ensures continuity of treatment and the arrangement has worked well.

### *Refresher Courses*

Full-time home nurses attend such courses as are available from time to time.

*Training*

Arrangements are made by the Dorset County Nursing Association, through the Queen's Institute of District Nursing, for selected candidates to be given Queen's training. During 1956 two candidates completed training and returned to take up duty in the county.

*Statistics*

*Home Nursing Staff, 1952—1956*

Staff	1952		1953		1954		1955		1956	
	Full-time	Part-time								
Administrative .. ..	—	3	—	3	—	3	—	3	—	3
Senior Nurse .. ..	1	—	1	—	1	—	1	—	1	—
Queen's Nurse (Male) .. ..	1	—	1	—	1	—	1	—	1	—
Queen's Nurse (Female) .. ..	14	40	13	39	13	40	13	41	13	41
State Registered Nurse .. ..	6	5	7	4	6	4	6	4	7	3
State Enrolled Assistant Nurse .. ..	1	9	1	9	1	10	1	7	1	7
Equivalent Whole-time Home Nursing Staff (omitting Administrative Staff) .. ..	50		49		48.5		47.5		47.0	
Queen's district training through Dorset County Nursing Association .. ..	2		2		2		2		2	

*Summary of Types of Cases and Visits paid by Home Nurses in 1956*

Medical	Surgical	Infectious Diseases	Tuber-culosis	Maternal Complications	Others	Totals	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year*	Children included in (2)-(7) who were under 5 at the time of the first visit during the year*	Patients included in (2)-(7) who have had more than 24 visits during the year*	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(a) Cases	5,722	2,011	6	174	37	111	8,061	4,822	529	1,543
(b) Visits	123,402	33,788	61	6,079	195	121	163,646	111,358	2,618	115,092

\*The number of visits paid to the special classes of patients in columns (9), (10) and (11) is shown against item (b).

*Summary of Cases Attended and Visits Paid by Home Nurses, 1952—1956*

Authority	Number of cases attended by Home Nurses during the year					Number of visits paid by Home Nurses during the year				
	1952	1953	1954	1955	1956	1952	1953	1954	1955	1956
The County Council by agreement with the Dorset County Nursing Association .. ..	8,803	9,341	9,033	9,276	8,061	146,234	144,633	166,380	168,873	163,646

### *Organised measures to encourage vaccination*

Arrangements were made to explain the merits of vaccination by lectures, press articles and individual approach to parents by health visitors. The head teachers and staffs of all schools were most helpful and a large part in the success of the scheme is due to them.

### AMBULANCE SERVICE (Section 27) (Tables 19 and 20)

#### *Administrative Arrangements*

For the first time since the inception of the National Health Service Act there has been an overall decrease in the mileage travelled as compared with the previous year; in all 931,272 miles were covered, a reduction of 13,413 in the figures for 1956. Early in the year officers of the county council and the regional hospital board met to consider the steadily increasing mileage and it seems likely that the resulting reduction was partly due to the action taken following this meeting. Among the measures taken were:

- (a) The holding of more out-patient clinics at small hospitals at which the specialists attended, thus diminishing the number of miles that many patients had to travel to the larger centres.
- (b) The alteration of times of hospital out-patient clinics in order to coincide with the available public transport. For example, holding clinics on market days whenever possible.
- (c) Making attempts to arrange for different treatments and investigations to be carried out in the same building whenever possible. In some cases orthopaedic and physiotherapy departments are widely separated and this causes a considerable load on the ambulance service.

Much consideration has been given to the question of radio control. At present radio control is carried on from Poole, Dorchester and Weymouth, thus covering the southern and eastern parts of the county. It has now been decided to extend the service in order to give complete coverage. A detailed examination of the ambulance and hospital car services has been carried out and this indicates a tendency for each service to operate in its own separate sphere. It is clear, therefore, that under the present system true integration of the two services has not been possible.

The arrangements with voluntary organisations operating the ambulance service in Shaftesbury, Gillingham and Charmouth still work satisfactorily, and the mutual aid agreements with neighbouring local health authorities continue.

During the year there has been a further increase in the number of patients transferred by rail. In all 249 journeys were made showing an increase of thirty-two over the previous year.

The Weymouth ambulance section team, which had previously won the county and regional ambulance competitions, were successful in winning the trophy presented for the best local health authority team in England and Wales at the National Ambulance Competition. This is the first occasion on which a team from Dorset has won this award and reflects favourably on the service and the county.

The names of forty-five drivers were entered for the National Safe Driving Competition and of these twenty received six to nine-year bars, four five-year medals and seventeen diplomas.

#### *Ambulance Stations*

Full-time drivers were appointed in two areas to replace volunteers who had previously operated the service. Certain improvements have been carried out at Wareham.

#### *Vehicles and Equipment*

Three new sitting case vehicles were brought into service during the year and these are based at Poole, Dorchester and Weymouth. There were models of a new type of vehicle having six bucket seats facing forward with provision for an occasional stretcher case. Already they have proved their value for out-patient work in the larger centres and it is thought that even larger vehicles for some of this work may have to be considered in due course.

All ambulances and the larger utilicons were fitted with oxygen apparatus.

#### *Statistics*

*Comparative Mileage Table*

Year	Ambulance Service		Hospital Car Service		Both Services Combined	
	Mileage for year	Increase (+) or decrease (-) on previous year	Mileage for year	Increase (+) or decrease (-) on previous year	Mileage for year	Increase (+) or decrease (-) on previous year
1950	334,200	+96,124	396,888	+19,709	731,088	+115,833
1951	363,728	+29,528	385,247	-11,641	748,975	+17,887
1952	378,199	+14,471	376,526	-8,721	754,725	+5,750
1953	440,612	+62,413	388,991	+12,465	829,603	+74,878
1954	434,659	-5,953	420,231	+31,240	854,890	+25,287
1955	459,421	+24,762	471,308	+51,077	930,729	+75,839
1956	443,576	-15,845	501,109	+29,801	944,685	+13,956
1957	448,778	+5,202	482,494	-18,615	931,272	-13,413

*Efficiency Table*

Year	Ambulance Service		Hospital Car Service	
	Average mileage per patient	Average number of patients per journey	Average mileage per patient	Average number of patients per journey
1952	9.15	1.75	9.95	2.78
1953	10.01	1.77	9.13	3.05
1954	9.40	1.88	9.47	3.11
1955	9.37	1.97	9.61	3.00
1956	9.36	2.02	9.49	3.07
1957	8.98	2.23	9.83	3.00

Transfer of mentally defective children to and from the Poole occupation centre by a special 'bus is carried out by the ambulance service. Figures relating to these journeys are not, however, included in the above table.

During the year a note was kept of the number of patients involved in home accidents for which ambulances were required to transport them to hospital. An average of fifteen such cases occurred each month.

#### PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

This section of the National Health Service Act gives a wide scope to local health authorities for implementing schemes for the prevention of illness, and for the after-care of patients generally.

##### Tuberculosis

###### Administrative Arrangements

In accordance with the Public Health (Tuberculosis) Regulations, 1952, a central register is maintained at the county health department. Health visiting record cards are issued for each new case, and the home is visited initially and thereafter at three-monthly intervals by the district health visitor until the case becomes quiescent. Two health visitors attend the chest clinics at Poole and Dorchester respectively, and act as liaison officers between the chest physicians and the district health visitors. This means of co-operation has worked well and has been supplemented by monthly conferences when the district medical officer, the health visitor and chest physician meet to discuss the clinical and social aspects of the individual cases. Notifications of admission to hospital are received from the chest physicians and passed to the health visitors. When a death is attributed to tuberculosis and no notification has been received during the lifetime of the patient, the medical practitioner is contacted and all relevant details are passed to the chest physician in order that follow-up action of contacts may be carried out.

The Dorset Branch of the British Red Cross Society continues to provide an efficient after-care service to meet the needs of tuberculous patients.

Arrangements are made at the county health department for issuing free milk grants to necessitous cases and providing sleeping shelters as required for domiciliary cases.

###### Employment

During the year no difficulty has been experienced in excluding from employment infectious workers suffering from tuberculosis. This aspect of tuberculosis prevention and after-care is particularly important where older patients, who are still in an infective state, are employed in close contact with younger persons. Close liaison is maintained between the chest physician and the re-settlement officer regarding the placement of a few sputum positive patients capable of work, and no cases thought likely to be a danger to others have persisted in anti-social activities. With new treatment methods, however, the number of such cases who are not rendered free from infection in a short time is rapidly decreasing.

The county council undertakes financial responsibility for the maintenance of cases specifically recommended by the chest physician for admission to re-habilitation centres. During the year three such persons were admitted to Preston Hall and the Enham Alamein village centre.

###### Statistics

##### Tuberculosis—Care and After-Care

	1953	1954	1955	1956	1957
Number of visits paid by Health Visitors ..	3,487	3,769	3,304	3,365	3,288
Number of shelters provided ..	12	10	5	5	5
Number of patients receiving milk grants ..	53	31	42	26	33
Total number of pints of milk issued ..	20,631	13,077	18,481	12,510	11,780
Average number of pints of milk per day issued ..	56.5	35.8	50.6	34.2	32.2

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

This section of the National Health Service Act gives a wide scope to local health authorities for implementing schemes for the prevention of illness, and for the after-care of patients generally.

### Tuberculosis

#### *Administrative Arrangements*

In accordance with the Public Health (Tuberculosis) Regulations, 1952, a central register is maintained at the county health department. Health visiting record cards are issued for each new case, and the home is visited initially and thereafter at three-monthly intervals by the district health visitor until the case becomes quiescent. Two health visitors attend the chest clinics at Poole and Dorchester respectively, and act as liaison officers between the chest physicians and the district health visitors. This means of co-operation has worked well and has been supplemented by monthly conferences when the district medical officer, the health visitor and chest physician meet to discuss the clinical and social aspects of the individual cases. Notifications of admission to hospital are received from the chest physicians and passed to the health visitors. When a death is attributed to tuberculosis and no notification has been received during the lifetime of the patient, the medical practitioner is contacted and all relevant details are passed to the chest physician in order that follow-up action of contacts may be carried out.

The Dorset Branch of the British Red Cross Society continues to provide an efficient after-care service to meet the needs of tuberculous patients.

Arrangements are made at the county health department for issuing free milk grants to necessitous cases and providing sleeping shelters as required for domiciliary cases.

#### *Employment*

During the year no difficulty has been experienced in excluding from employment infectious workers suffering from tuberculosis. This aspect of tuberculosis prevention and after-care is particularly important where older patients, who are still in an infective state, are employed in close contact with younger persons. Close liaison is maintained between the chest physician and the re-settlement officer regarding the placement of a few sputum positive patients capable of work, and no cases thought likely to be a danger to others have persisted in anti-social activities. With new treatment methods, however, the number of such cases who are not rendered free from infection in a short time is rapidly decreasing.

The county council undertakes financial responsibility for the maintenance of cases specifically recommended by the chest physician for admission to re-habilitation centres. During the year four such persons were admitted to Preston Hall and the Enham Alamein village centre.

#### *Statistics*

#### *Tuberculosis—Care and After-Care*

	1951	1952	1953	1954	1955	1956
Number of visits paid by Health Visitors ..	3,690	3,194	3,487	3,769	3,304	3,365
Number of shelters provided ..	14	13	12	10	5	5
Number of patients receiving milk grants ..	96	101	53	31	42	26
Total number of pints of milk issued ..	29,464	29,854	20,631	13,077	18,481	12,510
Average number of pints of milk per day issued ..	80.7	81.5	56.5	35.8	50.6	34.2

#### *B.C.G. Vaccination*

The scheme for the vaccination of children against tuberculosis by means of B.C.G. vaccine has been continued. Since 1950, contacts of cases of tuberculosis have been dealt with by the chest physicians who hold special sessions. Following preliminary tests 383 children received B.C.G. vaccination and the protection afforded to these children who are at considerable risk must be an important factor in lowering the incidence of the disease.

#### *Statistics*

#### *B.C.G. Vaccination of Child Contacts*

	1952	1953	1954	1955	1956
Number of contacts successfully vaccinated ..	155	186	267	317	383

During 1956 efforts were made to extend the scheme and vaccinate children who had previously been excluded. As a result, thirteen private schools were visited in addition to schools coming within the orbit of the local education authority.

In view of the fact that vaccine is flown from the State Serum Institute in Copenhagen to London and received by the county health department on a Thursday, preliminary skin tests were carried out on Tuesdays and B.C.G. vaccination when necessary given on Fridays. The medical officers who are specially trained and authorised for the procedure visit a series of schools on these days. In all seventy-three schools were visited during the year and of nearly 5,000 children eligible parental consent was given in 67.5 per cent. This is the lowest figure since the scheme was started in 1945, showing a fall in response of 7.5 per cent. With the increasing number of immunological procedures carried out, the public find it difficult to appreciate the value of the various measures. Consideration will have to be given to extending propaganda in this field. Of the children tested, nineteen per cent were Mantoux positive and, in all, 2,584 children received B.C.G. vaccination.

Once again I wish to express my thanks to the education authority, headmasters and school staff for their ready co-operation and interest.

## B.C.G. Vaccination of School Children

		1955	1956
Number of schools visited ..	..	38	73
Number of children in age group ..	..	2,856	4,903
Number of parental consents ..	..	2,141 (75 %)	3,318 (67·5 %)
Number of children Mantoux tested ..	..	2,003	3,244
Positive reactors ..	..	404 (20 %)	628 (19 %)
Negative reactors vaccinated ..	..	1,575	2,584
Absentees ..	..	24	32

## Mass Miniature Radiography

Since October, 1950, mass miniature radiography has been undertaken in the county by a unit of the South-West Metropolitan Regional Hospital Board. The larger centres of population are visited regularly, and the preparation and publicity which precedes the campaign is made easy by the excellent co-operation which exists between the unit staff, the county health department, district medical officers of health, teachers and others.

During the year the arrangements have continued to run smoothly, and the numbers taking advantage of the service have been satisfactory. In addition to sessions for the general public, separate sessions are, where possible, allocated to groups of employees from factories and offices, to school leavers, and patients referred direct by the general practitioner.

During the year, 29,982 persons were examined in the county and of this number 680 (2·27 per cent) were recalled for full-size radiological photographs to be taken. Following this second examination 200 were seen clinically, and of these 182 were referred to the chest physician: 150 as probably suffering from tuberculosis and 32 from non-tuberculous chest conditions. Thirty-nine other cases were referred to their own doctors or to hospitals as having non-tuberculous conditions; seven men were found to be suffering from carcinoma of the lung, which is the greatest number of cases of lung cancer diagnosed at the mass radiography unit in the county during one year. As surgical treatment of the condition is dependent for its success on early diagnosis it may well be that more energetic attempts could, with advantage, be made for the radiological examination of larger numbers of persons at risk. In the occupational fields, consideration should be given to carrying out propaganda in order that men, especially smokers, are examined radiologically at regular intervals in order to diagnose early cases of the disease.

Taking the survey as a whole, 0·5 per cent of persons initially examined were referred to chest clinics as probably having tuberculosis, and 31 (0·1 per cent) were eventually diagnosed as suffering from active disease. This figure is appreciably higher than in the previous year when 15 (0·07 per cent) were found to be suffering from the infection. The incidence of active disease was 1·05 per thousand examinations in males and 1·02 in females. In persons under fourteen years of age, two males and one female were diagnosed as suffering from active pulmonary tuberculosis.

Statistics  
Examination and follow-up of cases, 1952—1956

		1952	1953	1954	1955	1956
Number x-rayed ..	..	24,042	21,538	16,398	22,432	29,982
Number recalled for larger film ..	..	606	566	317	335	680
Number referred to chest clinic for condition probably tuber-culous ..	..	62	74	50	31	150
Number referred to chest clinic for condition probably non-tuberculous ..	..	12	7	9	13	32
Number referred to hospital or doctor for other condition ..	..	54	36	21	20	39

## Ultimate diagnosis and disposal of cases referred to Chest Clinic by Mass Radiography Unit, 1952—1956

		1952	1953	1954	1955	1956
Number seen at chest clinic ..	..	62	73	50	44	150
Number diagnosed as active tuberculosis ..	..	25	32	15	15	31
Number diagnosed as inactive but requiring further observation ..	..	31	28	20	5	55
Number diagnosed as inactive and requiring no further action ..	..	1	4	5	7	33
Number diagnosed as suffering from non-tuberculous conditions ..	..	3	8	9	13	18
Number still unclassified ..	..	2	1	1	4	13
Number referred but did not attend ..	..	—	1	—	—	—

## Age groups examined and incidence of active pulmonary tuberculosis.

	Under 15	15—24	25—34	35—44	45—59	60 and over	Totals
<i>Males:</i>							
Number examined ..	3,430	2,603	2,478	2,624	2,819	1,263	15,217
Number of active cases ..	2	3	1	4	3	3	16
Rate per 1,000 examined ..	0·58	1·15	0·40	1·52	1·06	2·38	1·05
<i>Females:</i>							
Number examined ..	2,997	2,941	2,385	2,514	2,661	1,267	14,765
Number of active cases ..	1	6	3	1	3	1	15
Rate per 1,000 examined ..	0·33	2·04	1·26	0·40	1·13	0·78	1·02

## Other Illness

### *After-Care*

In exercising its functions under this heading, the Dorset County Council utilises the services of the Dorset Branch of the British Red Cross Society whose organisation caters for the requirements of persons where their needs are attributable to illness. The necessary arrangements are made through this or other means to provide care and after-care services to patients discharged from hospital or homebound invalids, including the aged and chronic sick.

Cases are referred from many and varied sources, and the council has been fortunate in obtaining the services of two experienced health visitors whose principal duties are to liaise with the hospital and specialist services in order that the requirements of cases due for discharge can be accurately assessed and arrangements made for the provision of medical equipment or nursing aids when needed.

The county council's holiday home scheme caters for persons who, after illness, require a period of rest, change of scenery, good food, and fresh air to restore them to normal health but no medical treatment or nursing attention. Cases are considered for admission on the recommendation of a hospital physician, general practitioner, or assistant county medical officer. The homes used are run on a private non-profit making basis and the county council exercises its powers to recover from persons availing themselves of this service such charges as are considered reasonable having regard to their means.

During the year under review arrangements were made for the admission of 24 females and 3 male patients to suitable holiday homes.

### *Statistics*

*After-Care Services provided by the British Red Cross Society*

		1952	1953	1954	1955	1956
<i>Home Visiting:</i>		Not available				
Number of home visits ..	..	5,340	7,931	7,602	6,138	
Number of new cases seen ..	..	187	190	71	230	145
Number of patients visited ..	..	3,139	3,000	4,291	4,841	3,751
<i>Articles Supplied:</i>						
Special invalid foods ..	..	880	705	530	1,805	1,719
Bedding ..	..	107	166	149	155	118
Handicraft Materials ..	..	424	505	814	967	773
Clothing ..	..	309	311	363	155	177

### *Venereal Disease*

The services of health visitors are available to undertake the follow-up of persons referred by consultants in venereal diseases in charge of regional hospital board treatment centres. Since the appointed day very few cases have been referred under this arrangement.

The number of Dorset patients dealt with for the first time during 1956 at treatment centres was 168, classified as follows:—

Treatment Centre	Syphilis	Gonorrhoea	Other conditions	Totals
Bournemouth ..	1	4	19	24
Dorchester ..	3	—	7	10
Poole ..	10	7	46	63
Salisbury ..	—	—	3	3
Weymouth ..	5	7	55	67
Yeovil ..	—	—	1	1
Totals ..	19	18	131	168

### *Domiciliary Care of Old People*

The home nursing and domestic home help services have again been used to the fullest extent, and the health visitors throughout the county are extending and increasing their work among elderly persons. With the help of the Women's Voluntary Service it has been possible to extend the mobile meals service which is now established in Weymouth, Poole, Dorchester, Bridport and Ferndown. The number of meals supplied each year since the scheme started was:—

		1955	1956
Bridport ..	..	709	2,122
Dorchester ..	..	93	390
Ferndown ..	..	—	224
Poole ..	..	1,277	3,984
Weymouth ..	..	2,001	3,233
		4,080	9,953

### *Provision of Old People's Dwellings by Local Authorities*

Agreements existing with a number of housing authorities have continued, but no new schemes which would be entitled to a contribution to housing authorities in respect of the provision by them of self-contained dwellings for old people have been brought forward during the year.

### *Admission of Chronic Sick Cases to Hospital*

Arrangements for reports on the social conditions of applicants for chronic sick hospital beds have been continued throughout the areas of both the Bournemouth and East Dorset and the West Dorset Group Hospital Management Committees.

These arrangements bring the two liaison health visitors into close touch with the hospitals concerned, which encourages co-operation between the two authorities and also brings the health visitors in the districts in touch with a larger number of elderly people in their own homes. This service not only helps the hospitals over the admission of chronic sick cases, but it also ensures that as many people as possible return to their own homes when fit for discharge from hospital.

### *Statistics*

#### *Chronic Sick Admissions to Hospital*

<i>Hospital Management Committee</i>	<i>Requests for Investigation of Home Conditions</i>	<i>Recommended for Priority Admission</i>	<i>Not Recommended for Priority Admission</i>	<i>Request cancelled through Decease, etc.</i>
Bournemouth and East Dorset ..	247	162	48	37
West Dorset ..	75	35	16	24
Totals ..	322	197	64	61

### **Prevention of Illness**

Although certain preventive measures are an essential part of the services provided by the local health authority, powers are given under section 28 of the National Health Service Act to deal with this subject on a wider scale. Matters of a socio-medical nature are frequently of sufficient importance to warrant special attention, and in order that investigations may be conducted on correct scientific lines close co-operation has been maintained with the Institute of Social Medicine, University of Oxford, and the Ministry of Health. By so doing, local problems are investigated and a considerable amount of original medical knowledge is contributed.

In conjunction with the Social Medicine Unit at Oxford, Dorset assisted in an investigation of malignant disease in childhood and diagnostic irradiation in utero. The parents of children who had died of leukaemia or other malignant disease in the years 1953 to 1955 were visited by one of the medical officers who also visited, as a control, normal children in the same age group. Only a preliminary analysis has been carried out, but it is suggested that x-ray examination of pregnant women may occasionally cause leukaemia or cancer in the unborn child.

During the year school medical officers, whilst carrying out routine medical inspections, recorded the number of children who had had their tonsils removed. This is a long term investigation that is being carried out by the Ministry of Education. In addition, a list of children who have been supplied with hearing aids is being compiled.

The investigation of outbreaks of infectious disease is also undertaken as part of the routine work of the department. County, area and district medical officers of health, together with representatives of the medical staff of the laboratories, form an epidemiological committee to deal with major outbreaks, and this committee can be called as soon as an epidemic occurs to decide on the best means of investigating and controlling it.

### *Prevention of Break-up of Families*

At the commencement of the year there were nineteen problem families and two potential problem families on the register. Such ascertainment has been carried out during the year by the end of which, fifty problem families and the same number of potential problem families were registered.

During this period nine case conferences were held, not on fixed dates, but as and when the need arose. The possibility of imminent eviction, the default of one of the parents or sudden illness, are incidents which accentuate the strain already apparent in problem families, and a discussion by all those who have been concerned with the family, with the consequent pooling of suggestions, very often leads to the achievement of complete rehabilitation.

Success in helping these families largely depends on close co-operation between the various departments involved, not only to ensure that the family has the benefit of any service which may be of use to them, but also to prevent visiting by too many different officials.

This is our endeavour and it is hoped that in the light of experience gained in the prevention of break-up of families, our efforts to tackle the problem will be successful.

### **Health Education**

Responsibility for health education throughout the county rests with the county medical officer of health and a brief summary of the methods used is given in this section of the report. It cannot be a comprehensive survey of all that is being done in the field because by far the greatest influence in health education comes about during routine visits and individual examinations by medical officers, health visitors and nurses in their day-to-day work.

### *Campaigns*

During the year campaigns were carried out in connection with vaccination and immunisation, the care of the teeth, the care of the feet, and accidents in the home. In the dental campaign the county was divided into districts and a set of posters and other materials was circulated to these districts in rotation. By this method all clinics received the demonstration over a period of four months, thus resulting in a considerable saving in the cost of the materials. The dental officers assisted the medical officers and health visitors in emphasising the importance of the subject.

During these campaigns use was made of appropriate posters, leaflets, films and filmstrips at clinics, schools and suitable clubs, notably young wives' groups and old people's clubs. In this connection the importance of visual aids cannot be too greatly stressed and health visitors frequently obtain the co-operation of local tradespeople in preparing demonstrations. At the Dorchester clinics most impressive displays of infants' clothing and correct footwear were demonstrated by the health visitors.

#### *Lectures and Film Shows*

During 1955 a film projector was purchased for the use of the department, and in the year under review it has been very much in demand at clinics during the day and to supplement evening lectures. A wide variety of suitable films on health topics is available from various sources and a register of appropriate films is gradually being established in the county health department.

A daylight film strip projector with the necessary filmstrips is available, and because of its simplicity in operation can conveniently be used by medical officers and health visitors to supplement instruction to small groups.

During the year there was a notable increase in the demand for lectures, the total given by members of the staff being 103, which is more than double that of the previous year. A wide variety of topics was dealt with, but by far the most popular was immunisation procedures, especially in view of the public interest in poliomyelitis vaccination.

#### *Leaflets and Posters*

During the year over 12,000 leaflets and 650 posters on health subjects were issued. When appropriate, leaflets were distributed to mothers at clinics and handed to audiences at lectures or film shows. Leaflets were obtained from the Central Council for Health Education, the Royal Society for the Prevention of Accidents, the National Baby Welfare Council, the Association for the Prevention of Tuberculosis, the Dental Board of the United Kingdom and the Central Office of Information of the Ministry of Health.

As mentioned in my report for last year, it is a matter of some concern that the bodies producing this material do not appear to co-ordinate their activities, and frequently leaflets on the same topics are issued by two or three of these organisations at the same time.

#### *Flannelgraphs*

This visual aid is becoming more extensively used in the routine work of the department, and a library of suitable flannelgraphs has been opened. Frequently these are prepared by a member of the staff to meet the special requirements of individual lecturers, thus supplementing the ready-made material purchased from the Central Council for Health Education. An indication of the wide scope of the subjects covered is apparent from the following list: Anatomy; Birth of a Baby; Accidents in the Home; Children's Sleep; Immunity; Care of the Teeth; Care of the Feet; Poliomyelitis; the Human Skeleton; and First Aid.

#### *Training of Staff*

For some years now formal instruction on health education techniques has been included in the course for the Diploma in Public Health which is taken by doctors who intend to enter the public health service. Similar instruction is given to health visitors and more recently has been included in the courses for midwives. Additional instruction is obtained at many of the refresher courses which the nurses attend from time to time.

During 1956 a member of the staff attended the summer school held by the Central Council for Health Education, when teamwork and techniques in health education was the theme. This is an important annual event and it has been widely attended by staffs of local health authorities in England and Wales, in addition to representatives from many countries abroad.

#### **Occupational Health**

During the year 358 medical examinations of applicants for county council appointments were carried out; 165 males and 193 females. The distribution according to departments of these examinations and the numbers who were rejected on medical grounds are shown in the tables. Fifteen persons, nine males and six females, were considered unfit for employment and a summary of the clinical conditions diagnosed in these candidates is recorded.

#### *Statistics*

Department	Number of Examinations			Number Unfit		
	Males	Females	Total	Males	Females	Total
Architect's ..	3	—	3	—	—	—
Children's ..	—	5	5	—	—	—
Civil Defence ..	2	—	2	—	—	—
Clerk's ..	6	12	18	—	1	1
Education ..	92	143	235	3	2	5
Fire Brigade ..	19	—	19	—	—	—
Health ..	7	22	29	—	1	1
Library ..	2	4	6	—	—	—
Planning ..	1	—	1	—	—	—
Police (Civilian staff) ..	3	5	8	1	1	2
Probation ..	1	—	1	—	—	—
Roads and Bridges ..	23	—	23	5	—	5
Small Holdings ..	1	—	1	—	—	—
Taxation ..	3	—	3	—	—	—
Treasurer's ..	2	2	4	—	1	1
<b>Totals ..</b>	<b>165</b>	<b>193</b>	<b>358</b>	<b>9</b>	<b>6</b>	<b>15</b>

*Clinical conditions of candidates found unfit*

					Males	Females	Total
Advanced varicose veins	..	..	..	..	1	1	2
Diabetes mellitus	..	..	..	..	1	—	1
Ear condition	..	..	..	..	—	1	1
Heart disease	..	..	..	..	1	—	1
High blood pressure	..	..	..	..	2	1	3
Neurological condition	..	..	..	..	1	—	1
Nose and throat condition	..	..	..	..	—	1	1
Poor general condition	..	..	..	..	3	2	5
Totals	..	..	..	..	9	6	15

Seven persons were examined for premature retirement on medical grounds and of these, five, all males, were recommended for retirement.

*Facilities available for Central Office Staff*

A rest room is set aside in the health department at county hall for the treatment of emergencies. It is frequently used for periods of rest in cases of minor illness and for examinations by medical officers and nurses as required. First aid treatment is carried out, and over a hundred persons received such attention during the year. Among the conditions treated were removal of foreign bodies, cuts, sprains, headaches, toothache, etc. These cases are dealt with expeditiously thus, in many instances, avoiding referral to hospital out-patient departments or their own doctors. During the year this resulted in a considerable saving in working hours.

**DOMESTIC HELP SERVICE (Section 29) (Table 21)**

The service continues to expand and 161 helps were employed as compared with 147 in the previous year. Altogether 836 householders were assisted as compared with 755 in 1955. A large proportion of help continues to be given in the homes of the aged and infirm.

A basic routine has been laid down for visiting cases, selection of helps, and accounting; but the division of these duties between the local organisers and the appropriate staff of the county health department shows considerable variation. In the two main areas of population, Poole and South Dorset, the service is decentralised completely under the day-to-day supervision of the respective area sub-committees. In three other districts, where the service is based on the offices of the local medical officer of health, the only functions performed by central staff are the final selection of helps, the assessment of householders' ability to pay, and the collection of accounts.

The National Assistance Board and hospital almoners have continued to give most helpful co-operation and their assistance is very much appreciated.

*Staff*

There is one county organiser, two full-time assistant organisers and eight voluntary organisers working in conjunction with the area and district medical officers of health.

The number of equivalent full-time helps employed in 1956 was 63·5 as compared with 57 in the previous year; in rural areas these consist mainly of spare-time workers.

*Finance*

The service has been running for seven years and it is now possible to appraise the result of applying the assessment scale laid down in 1950. The recovery from householders has been relatively high, averaging as much as 23 per cent of the cost of the service.

Householders in general are most eager to pay their contribution, but in many cases the charge based on the scale laid down in 1950 has borne too heavily on the family income. In particular two groups of people helped have found it difficult to meet the charge; those with incomes just above National Assistance level, and families where long term help is required and where the husband is earning. It is hoped that the new scale in preparation will make matters financially easier for both these groups of people.

*Statistics*

*Number of Cases for whom Helps were provided,  
1952-56*

Types of Cases	1952	1953	1954	1955	1956
Maternity	118	141	131	113	126
Old Age	184	236	311	411	468
Tuberculosis	16	13	14	15	12
Long-term Illness	47	64	82	117	129
Short-term Illness	89	101	72	99	101
Totals	454	555	610	755	836

*Domestic Help Service Staff,  
1952-56*

Helps	1952	1953	1954	1955	1956
Full-time	..	8	8	6	5
Part-time ..	..	19	27	32	47
Spare-time	..	72	92	88	95
Totals ..	99	127	126	147	161
Equivalent full-time helps ..	35	45·5	50·6	57·0	63·5

## MENTAL HEALTH (Section 51)

### Administration

#### Committee

The Social Services Sub-Committee is responsible to the county council for the administration of matters coming within the scope of the Mental Deficiency Acts, the Lunacy and Mental Treatment Acts, and the care and after-care of persons suffering from mental illness. Four meetings of the Sub-Committee were held during the year.

#### Staff

The assistant county medical officers, who are approved for the purpose of certifications under the Mental Deficiency Acts, health visitors, duly authorised officers, and mental health officers co-operate in this service.

The county council's proposals under Section 51 of the National Health Service Act for the care of mental defectives provide for a chief mental deficiency officer, who is a petitioning officer under the Mental Deficiency Acts, two welfare officers and two home teachers. In addition, there are seven persons employed at the Poole occupation centre, consisting of a supervisor, who is a qualified occupational therapist, five assistants, and a cook.

Medical officers attend refresher courses organised by the National Association for Mental Health from time to time, and vacancies at refresher courses for mental health officers and staffs of occupation centres are regularly taken up.

There are four duly authorised officers on the establishment, who undertake duties in connection with the Lunacy and Mental Treatment Acts, in addition to certain welfare work.

#### Co-ordination with Regional Hospital Board

Close contact is maintained with the Coldeast and Tatchbury Mount group of hospitals for mental defectives, the Royal Western Counties Institution at Starcross, and Hortham Hospital. A large number of Dorset patients are accommodated in the two latter institutions, to which they were admitted prior to the present arrangements with the South-West Metropolitan Regional Hospital Board. Patients resident in Lyme Regis can still be admitted into the Royal Western Counties Institution.

The mental deficiency and welfare officers supervise defectives on licence from institutions who reside in this county, at the request of the hospitals concerned, and frequent discussions take place between the local authority's officers and the medical and lay officers of the various hospitals in connection with patients on licence, or those for whom licence is being considered. This is a very helpful arrangement as the health authority usually has full information of the home circumstances, and the medical superintendents, with their knowledge of the patient, are better able to reach decisions regarding licence.

The number of defectives awaiting admission to institutions still far exceeds the accommodation available. The number on the waiting list at the 31st December, 1956, was 35, compared with 38 at the end of the previous year. Every effort is made to meet the needs of patients within the community, and by providing home teaching, admission to occupation centres and supervision it has been possible to remove seven defectives from the waiting list during the year as no longer in need of institutional care or training.

Vacancies for low grade patients are still very difficult to obtain, and a great strain is placed on family life in many cases by the presence of a low grade and often helpless and noisy patient in their midst.

One defective was admitted into an institution for short-term care during the year, in accordance with Ministry of Health Circular No. 5/52. It would be of very great assistance if more facilities were available under this circular, as the removal of a patient from home to give parents temporary relief from their heavy burden may prevent a serious breakdown in their health.

#### Duties delegated to Voluntary Associations

No duties are delegated to voluntary associations directly under Section 51 of the National Health Service Act. The Dorset County Branch of the British Red Cross Society, as part of the after-care duties undertaken as the agents of the county council, is prepared to assist in arranging home visits to suitable cases of mental illness, but this excludes mental defectiveness.

#### Certifications

The decision of the Lord Chief Justice in the case of Kathleen Rutty has limited the help that can be given to certain classes of mental defectives who, for their own protection, or for the protection of the community, are considered to be in need of care and training in an institution. Under the previous legal interpretation of the term 'found neglected', they could have been brought before a Judicial Authority and an Order made sending them to an institution, but the word 'neglected' must now be construed as meaning 'physical suffering from a lack of essentials through want of reasonable care'.

This decision seriously affects the degree of help and protection which can be provided for defectives in certain circumstances, and broadly speaking limits the admission of defectives to institutions to those actually suffering physically; to those whose parents consent, and to those sent to institutions by order of Court under Section 8, or under a Home Secretary's Order under Section 9 of the Mental Deficiency Act, 1913. Some doubt arises as to whether a defective can be sent to an institution on the grounds of being found 'without visible means of support' in view of the provision for financial assistance by the State.

Generally speaking mental defectives are incapable of sound judgment and lack the ability to look after their own interests. If they have no parents or relatives able to provide the suitable protection and care which their retarded mental condition requires and the local health authority is unable by reason of the new interpretation of the term 'found neglected', to provide institutional care, many of them may drift into continued unemployment, and possibly a life of crime or immorality.

#### Account of Work undertaken in the Community

During the year removals of certified patients to mental hospitals were carried out satisfactorily and credit is due to the duly authorised officers, who maintained close co-operation with the medical superintendent of the mental hospital, the general practitioners and police.

#### National Health Service Act—Section 28

The ascertainment of mental defectives is continuing satisfactorily, and their training is provided for at the Poole occupation centre and by two home teachers. One home teacher has carried out her duties in the east of the county since 1st September, 1948, and since 1951 a second has been carrying out similar duties in the west of the county. This training is of considerable benefit to those defectives who cannot attend occupation centres, and is much appreciated by parents and guardians who co-operate extremely well with the home teachers. Excellent results are obtained and a high standard of work produced, most of which is saleable. The most important factor is, of course, that the defective is kept happily occupied, and has a real interest in life.

Year	Voluntary		Temporary		Certified		Totals	
	Men	Women	Men	Women	Men	Women	Men	Women
1956	92	125	10	27	50	119	152	271

*Ascertainment of Mental Defectives*

The main sources of ascertainment of mental defectives are the mental health services staff and education authority. Cases are also reported by medical practitioners, hospitals, parents, the courts, police, and others.

Thirty-eight cases were reported and ascertained to be mentally defective during the year. Twenty-six were notified by education committees, and of the latter cases five were considered to require institutional care or training.

In addition to these, five other cases were reported, but were found not subject to be dealt with.

*Statistics**Ascertainment of Mental Defectives during the last five years*

Grade	Number ascertained				
	1952	1953	1954	1955	1956
Feeble-minded ..	46	40	51	46	33
Imbeciles ..	28	18	9	12	5
Idiots ..	2	—	—	3	—
Totals ..	76	58	60	61	38

*Guardianship*

The total number of patients under guardianship at the end of the year was 100, compared with 104 at the end of 1955. This form of community care requires an order by a judicial authority. It gives the guardian the power of control over the patient, and enables the local health authority to provide for his care and protection other than by institutional placement. It also enables the authority to provide for the patient's maintenance, and to meet other special expenditure if necessary. Such assistance is not extended to patients under statutory supervision. It is usual, however, for the financial needs of mental defectives over the age of sixteen years to be met by the National Assistance Board, but other expenditure may be necessary which would not be covered by the Board's grant.

Each patient under guardianship is visited approximately twice a year by a medical officer, and welfare officers visit quarterly or more frequently when necessary. Training is provided at the occupation centres or by home teachers.

A guardianship home situated in a rural part of the county is approved by the Board of Control for the reception of eight patients, and the owner is devoted to the work she has undertaken in caring for these handicapped people. The home is of very great assistance to the authority, not only for permanent cases, but suitable patients are placed there for holiday periods. Television is provided in the sitting room, and there is a large garden. Patients are taken on coach outings in the summer, and occasional shopping expeditions; they also look forward to the regular visits by the home teacher who gives instruction in various types of handicraft work.

*Statutory Supervision*

Supervision is a most valuable branch of the mental health service. It differs from guardianship in that no legal proceedings are involved, the local health authority having no power to contribute towards the cost of a defective under supervision, and there being no regulations indicating how the supervision should be carried out. There is no way of enforcing supervision against the wishes of the parent or guardian of the defective, as this can only successfully be carried out with the co-operation of the family. Visits by the welfare officers are usually welcomed and, in addition to ensuring that the patient is adequately cared for, much useful help and advice can be given. Assistance in obtaining suitable employment is given when required, and home teaching or admission to an occupation centre is arranged for patients incapable of earning their living.

Periodical reviews of the cases take place and where supervision is considered no longer necessary appropriate action is taken for it to be withdrawn.

*Home Teaching*

Two home teachers are employed to give instruction in handicrafts to defectives under guardianship or statutory supervision, and at the end of the year sixty-eight patients were receiving regular instruction. The home teachers' visits are much appreciated by the parents and guardians, and the patients enjoy their lessons. The scheme provides training for those living in rural areas too far distant from an occupation centre.

*Occupation Centres*

The occupation centre at Poole, which has been in existence for many years, was taken over by the county council in 1947. Each new entrant is examined by an assistant medical officer before admission, and regular medical inspections are carried out at the centre. The house is admirably suited for the purpose as the defectives can be grouped in different rooms according to their ages and degree of mental defect; there is also a pleasant garden where games and exercises are organised. Dinners cooked on the premises are provided at a nominal charge, and the preparation of meals and kitchen work form part of the training.

The centre is now full to capacity, and to meet the growing demand for places the premises are being extended by the addition of a large room which is now under construction. This will provide better facilities for dining, physical exercises, recreation, etc., and will enable an increased number of pupils to be admitted.

Students undergoing a course of training for staffs of occupation centres have been sent to this centre from time to time by the National Association for Mental Health for a few weeks practical training as part of the course, and the facilities granted are much appreciated.

Some Dorset defectives attend occupation centres in other counties by arrangement with the local health authorities concerned.

The remainder of a lease of a house in Weymouth has been taken over for use as an occupation centre, and preparations are in progress for opening the centre early in 1957.

#### *Transport*

The county ambulance service undertakes the transport of defectives to the Poole and Yeovil occupation centres from a fairly wide and scattered area, and escorts travel with them.

Cases for admission to hospital under the Lunacy and Mental Treatment Acts are normally conveyed by hired transport due to the difficulty in arranging for a hospital car at short notice, but the county ambulance service is utilised when necessary. All female patients admitted to hospital are accompanied by a female attendant.

#### *Statistics*

*Details of mental defectives under Care at 31st December, 1956.*

	<i>Under 16</i>		<i>Over 16</i>		<i>Totals</i>
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	
Under Guardianship .. .. ..	1	—	36	63	100
Under Statutory Supervision .. .. ..	58	43	78	93	272
Under Voluntary Supervision .. .. ..	1	—	5	3	9
Attending Occupation Centres .. .. ..	21	13	11	19	64
Receiving home teaching .. .. ..	8	8	13	39	68
In institutions (including cases on licence) .. .. ..	31	16	225	209	481
In an Approved Home .. .. ..	5	8	—	—	13

*Details of mental defectives under Care at 31st December, 1952—1956*

	<i>1952</i>	<i>1953</i>	<i>1954</i>	<i>1955</i>	<i>1956</i>
Under Guardianship .. .. ..	112	111	107	104	100
Under Statutory Supervision .. .. ..	224	237	244	270	272
Under Voluntary Supervision .. .. ..	8	10	10	9	9
Attending Occupation Centres .. .. ..	55	59	59	59	64
Receiving home teaching .. .. ..	67	68	65	70	68
In institutions (including cases on licence) .. .. ..	482	487	492	489	481
In an Approved Home .. .. ..	9	9	11	12	13

### **SOCIAL SERVICES (National Assistance Act, 1948)**

#### **Reception Centres (Section 17)**

With the approval of the National Assistance Board, the reception centre maintained by the county council at Stoke Water House, Beaminster, for persons without a settled way of living, was closed on 18th August, 1956.

#### *Statistics*

Number of nights accommodation provided at Reception Centre .. ..	.. ..	987
Highest monthly total (April) .. .. ..	.. .. ..	155
Lowest monthly total (August) (part) .. .. ..	.. .. ..	70

#### **Provision of Accommodation (Sections 21-28) (Tables 22-24)**

##### **RESIDENTIAL ACCOMMODATION**

#### *New Homes*

Building work on the new home at Gillingham has been completed, and the first residents were admitted to the home at end of November.

During the year the county council rescinded its decision to use the first floor of the old building known as 'St. Martin's' for a number of elderly residents. The future use of this building is still under consideration.

#### *Future Plans*

Owing to the present financial situation, the Minister of Health has been unable to grant loan sanction for the planned extension to Belmont Court, the home for the blind at Parkstone.

During the coming year it is hoped to adapt the accommodation at Stoke Water House, Beaminster, formerly used as the reception centre, to be additional ground floor accommodation for elderly persons.

### *Joint User Arrangements*

Joint user arrangements between the county council and the regional hospital board have continued at Christmas Close, Wareham, and at St. Mary's Block, Poole.

### *Voluntary Organisations*

Arrangements already made between the county council and various voluntary societies for the maintenance of residents in homes belonging to these organisations have continued satisfactorily. A number of persons were also accommodated in voluntary homes outside the county.

### *Amenities*

The post of diversional therapist was terminated on 1st September, 1956. Since that date the British Red Cross Society have been paying regular visits to the county council's residential homes to instruct and assist residents with handicrafts and this arrangement has been working satisfactorily.

Clothing to the value of £8 to £10 a year for each resident is supplied in necessitous cases and, as far as possible, within certain price restrictions, residents are allowed to choose their outer clothing.

A summer outing for the residents is arranged by the officer-in-charge of each home, and the council makes a grant towards expenses.

During the winter months film shows are presented at the three larger homes once a fortnight.

Seven homes are equipped with television receivers, provided by the council, by way of gift, or by subscriptions from residents' clubs.

Residents are allowed one week's leave of absence from the home each year without being charged for the accommodation.

### *Statistics*

*Accommodation and numbers accommodated in County Council Establishments, 31st December, 1956*

Premises	Places Occupied		
	Men	Women	Totals
<i>In Homes under County Council Management:</i>			
Stoke Water House, Beaminster ..	57	42	99
Stour View House, Sturminster Newton ..	33	66	99
Christmas Close, Wareham ..	30	25	55
Maiden Castle House, Dorchester ..	12	29	41
'The Lawns', Weymouth ..	16	22	38
Belmont Court, Parkstone ..	7	15	22
Castleman House, Blandford ..	21	27	48
James Day Memorial Home, Swanage ..	10	22	32
'St. Martin's', Gillingham ..	5	18	23
<i>In Hospital under the control of Hospital Management Committee:</i>			
Poole General Hospital (St. Mary's Block) ..	21	22	43
<b>Totals ..</b>	<b>212</b>	<b>288</b>	<b>500</b>

### *Waiting List*

The number of applicants for residential accommodation on the waiting list as at 31st December, 1956 was 162.

*Admissions, Discharges and Deaths during the year 1956*

Admissions	Discharges			Deaths	Total
	To Home	To Hospital	To Mental Hospital		
399	185	145	15	51	396

### **TEMPORARY ACCOMMODATION**

It was not necessary to provide any families with temporary accommodation in the old people's homes during the year. A considerable number of cases were investigated with a view to their rehabilitation. Close co-operation is maintained between the council's welfare officers and the district authorities housing departments, and where children are involved the cases are referred to the County Children's Officer.

Under the provisions of the joint scheme between the county council and the Poole borough council, co-operation between the county council's welfare organisation and the district housing department has removed the need for eviction in a number of cases. During the year the Poole borough council provided premises in Parkstone to accommodate four families requiring to be dealt with under Section 3 of the joint scheme.

The Minister was not, however, able to recommend loan sanction for the erection of the temporary accommodation proposed to be provided for evicted problem families at Hamworthy.

## WELFARE SERVICES (Sections 29 and 30)

### BLIND AND PARTIALLY SIGHTED (Tables 25 and 26)

#### *Administrative Arrangements*

Existing arrangements ensuring close co-operation with the Western Regional and Dorset County Associations for the Blind have been continued, and full use has been made of the facilities available through statutory bodies and voluntary organisations to obtain maximum benefits for each person registered.

#### *Registration*

On the 31st December, 1956, there were 720 persons on the blind register and 108 on the partially sighted register. As registration is purely voluntary the increases of twenty and four respectively in new cases in the past year indicate that the service is meeting a real need.

Of the 109 newly registered blind cases, 92 were sixty-five years and over. There was only one under the age of twenty who became blind soon after leaving a secondary modern school and arrangements are being made for his rehabilitation and training. Of the four between the ages of twenty and forty-nine, one has been trained and found employment, two were married women with family commitments and the fourth had other severe physical handicaps. Special efforts are made to carry out recommendations of ophthalmologists and general practitioners as to follow-up and treatment.

#### *Home Teaching and Visiting*

The work is carried out by five qualified home teachers who travelled 54,141 miles in the course of their duties. They paid 6,542 visits to blind cases; 438 to the partially sighted; and 1,805 to hospitals, doctors, etc. In addition they gave 514 home lessons including instruction in handicrafts, Braille and Moon Type to the Blind, 92 to the partially sighted and held 197 classes. In conjunction with the Dorset County Association for the Blind, they have held sixty socials in nine centres, organised ten outings, run five sales and exhibited at three shows with excellent results, their pupils winning many awards.

#### *Workshop Employment*

As this authority has no sheltered workshop, arrangements are made with the following bodies who each employ one worker on our behalf, payments to workers being in the National Scale:—

Bristol Royal Blind Asylum Workshops;

Royal School for the Blind, Leatherhead.

#### *Home Employment*

Ten men and seven women who are fully trained are supervised by the Bristol Royal Blind Asylum Workshops Home Workers Scheme on behalf of this authority and the National Library for the Blind supervise two copyists on the pastime scheme.

#### *Marketing*

Every effort is made to open up new markets for goods made by the blind, but imports of cheap baskets and shopping bags have undoubtedly affected sales. Orders for work are also sought.

#### *Employment in Open Industry*

Thirty-five men and five women were employed in this sphere at the end of the year, one of whom was newly employed. The resettlement of older men with a purely rural background remains a problem. The Royal National Institute for the Blind continued as agents of the county council and are most helpful.

Full co-operation is maintained with the Ministry of Labour, and the welfare officer for the blind serves on the Disablement Advisory Committees at Poole and Weymouth.

#### *Persons in Hospitals, Homes, etc.*

At the end of the year there were 95 blind persons over the age of sixteen living away from home; 44 in the care of the Regional Hospital Board; 24 in homes for the blind; 23 in other homes provided under Part III of the National Assistance Act, 1948, and the remaining four were in privately run homes. Every effort is made to promote their welfare in co-operation with the managing bodies.

#### *Blind Register*

##### *A. Follow-up of Registered Blind*

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrobulbar Fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:				
(a) No treatment .. ..	8	7	—	29
(b) Treatment (medical, surgical or optical) .. ..	13	14	—	38
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment .. ..	13	12	—	36

B. *Ophthalmia Neonatorum*

(i) Total number of cases notified during the year ..	2
(ii) Number of cases in which:	
(a) Vision lost .. .. ..	Nil
(b) Vision impaired .. .. ..	Nil
(c) Treatment continuing at end of year ..	Nil

Partially Sighted Register

A. *Follow-up of Registered Partially Sighted Persons*

	Cause of Disability			
	Cataract	Glaucoma	Retrobulbar Fibroplasia	Others
(i) Number of cases registered during the year in respect of which para. 7 (c) of Form B.D.8 recommends:				
(a) No treatment .. .. ..	2	1	—	2
(b) Treatment (medical, surgical or optical) .. .. ..	7	1	—	11
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment .. .. ..	7	1	—	11

DEAF OR DUMB

Administrative Arrangements

The Ministry of Health's outline scheme, included in circular 32/51 for the provision of welfare services under sections 29 and 30 of the National Assistance Act, 1948, for persons who are deaf or dumb, has been adopted by the county council and approved by the Ministry of Health. The Wilts and Dorset Association for the Deaf provide these services on behalf of the county council, for which they receive an annual grant; the council having representation on the Association.

All cases applying for assistance are referred to the Association who make arrangements for visiting. Details such as medical and social history and services required are entered on duplicate record cards; one being retained by the Association and the other forwarded to the county health department.

Social Welfare

A comprehensive social welfare service is provided by the Association which includes interpretation in manual language, advice in domestic, legal, health and family affairs. Sick visiting is undertaken at home and hospitals as well as routine visits.

Social Centres

Social centres are provided for the deaf at Poole, Sherborne and Weymouth, and hard-of-hearing clubs meet at Dorchester and Poole. The situation is kept under constant review and should the need arise in any particular area in the future, the extension of existing facilities will be considered.

Lip Reading Classes

An instructor in lip reading, employed by the Association, conducts classes at Bridport, Dorchester and Poole; additional classes being given at Gillingham, Sherborne and Weymouth as and when the need arises.

Co-ordination

The Association works in conjunction with the Ministry of Labour and National Service and its officers attend interviews in connection with the placement of deaf persons in suitable employment. All deaf persons on the register are visited at work from time to time by the Association's welfare officers who deal with any problems which may have arisen. The county council has representation on the Executive Committee of the West Regional Association for the Deaf which covers the counties of Cornwall, Devon, Dorset, Gloucester, Somerset and Wiltshire with its headquarters in Bristol.

Statistics

The following table shows the number of persons, both deaf and hard of hearing, registered with the authority on 31st December, 1956:—

Class	Children under age 16		Persons aged 16 to 64		Persons aged 65 and over		Total
	M	F	M	F	M	F	
Deaf .. ..	16	9	85	60	3	14	187
Hard of Hearing ..	15	11	41	22	3	32	124

### PHYSICALLY HANDICAPPED (GENERAL CLASSES)

#### *Administrative Arrangements*

The scheme, included by the Minister of Health in circular 32/51 for the provision of welfare services, under Sections 29 and 30 of the National Assistance Act, 1948, for handicapped persons other than the blind, partially sighted and deaf or dumb, has been adopted by the county council and approved by the Minister of Health. The British Red Cross Society (Dorset Branch) act as agents of the county council for certain sections of the scheme.

Cases are referred by general practitioners, hospitals, central government departments and workers of voluntary organisations. On receipt of an application for assistance the person is visited by a health visitor and a report made to the county health department. If considered suitable the person's name is included in the central register and arrangements made for the provision of services required, either through the agency of the British Red Cross Society, or otherwise. The general practitioner concerned is consulted by the county medical staff when there is a clinical problem.

#### *Services Provided*

The social welfare services for handicapped persons set out in circular 32/51 are comprehensive, and are provided wherever possible when the need arises. The British Red Cross Society provides many of these services as an extension of the after-care facilities already available under the agency arrangement with the county council under section 28 of the National Health Services Act.

Instruction in handicrafts are given by members of the British Red Cross Society in the patient's home, and they assist the handicapped persons to secure orders for their goods and to dispose of any saleable articles produced by them.

#### *Statistics*

The following table shows, under the respective age groups, the number of physically handicapped (general classes) registered with the authority as at 31st December, 1956:—

Description	Children under age 16		Persons aged 16-64		Persons aged 65 and over		Total
	M	F	M	F	M	F	
Physically Handicapped (general classes) ..	79	51	92	97	9	13	341

#### EPILEPTICS

Four epileptic children are placed in special residential schools and there are no children on the waiting list; in addition, three children are being educated in ordinary schools. Four adults are maintained in epileptic colonies in various parts of the country, and nineteen adults suffering from epilepsy are in Part III or joint-user accommodation.

#### SPASTICS

The difficulty in getting young spastics placed in suitable residential schools and training centres is diminishing. This is due to better facilities at residential schools, and the National Spastics Society have also extended their services and are now in a position to examine cases and offer vacancies at their training centres. Even if some cases are found to be unsuitable for placement it is reassuring to parents to have their children assessed by a body of experts.

The excellent facilities for spastics of school age are still available at the Victoria Home, Bournemouth, and it is hoped that the plans to build a new home with the most up-to-date facilities will soon materialise.

During the year, the county council made financial provision for the training of adult spastics so that they could learn a trade, and it is pleasing to report that the first case has already passed through the National Spastics Society's centre at Prested Hall which has been accepted by the Ministry of Labour as suitable for final training before the trainees are placed in industry.

#### **Registration of Disabled Persons' and Old Persons' Homes (Section 37)**

Before any application for a certificate of registration is granted, the premises are inspected to determine their suitability and details of the staffing arrangements and furnishing are required.

The following table shows the number of homes, and the number of beds provided:—

Registration		Number of Homes	Number of beds provided
Homes first registered during the year .. ..		4	32
Homes on the register at the end of the year .. ..		14	210

#### **Removal to suitable premises of persons in need of care and attention (Section 47)**

One woman and two men were removed from their homes under the provisions of Section 47 of the Act. The woman was allowed to return to her home after a stay of one month at a residential home; both men were subsequently transferred to hospital.

#### **Temporary Protection of Property of Persons admitted to Hospitals, etc. (Section 48)**

The county council became responsible for the temporary protection of property in three new cases, the total number of cases in which protection is given under this section being eleven.

## PUBLIC HEALTH LABORATORY SERVICE

The service provided by the Medical Research Council is closely linked with the prevention of illness and the detection of infectious disease. The routine laboratory work of this service is mainly concerned with the bacteriological examinations of 'medical' specimens from general practitioners, infectious diseases hospitals and local authorities and all 'sanitary' specimens from local or food authorities. The laboratories of the service normally do not undertake work which is rightly the province of the hospital or clinical pathologist. The closest co-operation exists between the laboratory service and medical officers of health, especially with regard to epidemiological problems which arise from time to time.

Two laboratories, staffed and administered by the Medical Research Council each with a full-time bacteriologist in charge, cover the work in Dorset. One laboratory is located at Dorchester and the other at Boscombe.

Statistics

Laboratory	Specimens received and examined during 1956								
	Nose and throat	Sputum	Faeces and urine	Water	Milk	Ice cream	V.D.	Miscel- laneous	Totals
Dorchester ..	374	173	1,079	2,204	6,820	407	4,984	2,833	18,874
Boscombe ..	954	86	565	999	793	480	—	1,627	5,504
Totals ..	1,328	259	1,644	3,203	7,613	887	4,984	4,460	24,378

## REGISTRATION OF NURSING HOMES

Periodic inspections of the registered homes in the county are carried out and, before any application for a certificate of registration is granted, full enquiry is made as to the suitability and qualifications of the person in charge and layout of premises.

Statistics

The following table shows the number of nursing homes, and the number of beds provided:—

Registration	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Homes first registered during the year ..	2	—	16	16
Homes on the register at the end of the year	20	20	183	203

### *Action taken during 1956*

Number of exemptions granted under Section 192 (1) including renewals .. .. Nil  
 Number of inspections .. .. .. .. .. .. .. .. 27

## **CHILDREN ACT, 1948**

In accordance with the Memorandum by the Home Office on the conduct of children's homes certain duties are carried out for the Children's Committee by the county health department.

### *Medical Supervision of Nurseries and Children's Homes*

During the year under review the scheme for the supervision of all children in county council children's homes has again been satisfactory. Co-operation has continued between the health department, the staff of the children's homes and the general practitioners undertaking the treatment of the children under Part IV of the National Health Service Act.

## *Dental Care*

The dental care of children resident in nurseries and children's homes is undertaken by the county dental staff who arrange periodic inspection and treatment. In addition, treatment is available at dental clinics, or dental sessions at schools, for children found on examination by the medical officer to need emergency treatment on admission to the homes.

## *Protection of Children from Tuberculosis*

**Chest X-ray** examinations of all staff at children's homes are carried out before appointment and thereafter at yearly intervals.

During 1956, seven initial and twenty-one annual examinations were carried out, but none of the films showed signs of tuberculous infection.

*Statistics*

Number of children's homes including the reception/observation centre	Number of routine visits of medical officer	Number of routine examinations	Number of children referred for treatment	Number of children under observation for defects
4	78	268	46	—

**NURSERIES AND CHILD MINDERS REGULATION ACT, 1948**

No new registration was made under this Act during the year, and there are now two daily minders supervising seven children.

*Statistics*

	Number registered at end of year	Number of children provided for
Premises: (a) Factory ..	—	—
(b) Other Nurseries ..	—	—
Daily minders .. ..	2	7

**DAILY MINDERS PROVIDED BY THE AUTHORITY**

During the year under review no daily minders were provided by the authority.

**CIVIL DEFENCE**

*Ambulance Service*

The strength of the section at the end of the year was:—

	Men	Women	Total
Ambulance personnel ..	.. 97	237	334
Casualty collection personnel ..	.. 28	15	43
Totals .. ..	125	252	377

Twelve courses in ambulance section training and three courses in driving were held.

Recruiting drives and demonstrations were staged in Poole and Blandford during September. A demonstration team was formed and visited certain centres where no training has taken place for a considerable period. It is satisfactory to note that there has recently been a revival of interest in north Dorset, and a number of new members have enrolled in Sherborne.

*Welfare Services*

The number of enrolled members of the welfare section at 31st December, 1956, was 1,747, an increase of seventy-five during the year, showing a much larger rate of recruiting than hitherto. These members were distributed as follows:—

Poole Borough ..	..	..	231
Weymouth Borough ..	..	..	184
Other urban areas ..	..	..	256
Rural areas .. ..	..	..	1,076

From these figures it will be seen that representation is still stronger in rural areas, though many unenrolled persons show considerable active interest in the Civil Defence Corps as shown by registers completed at training courses.

Training has proceeded along the official lines, although it is apparent that fuel restrictions have limited the number of courses held this year.

*County Exercise*

A comprehensive county exercise was held in October which was attended by representatives from the various ministries and the Services.

The object of the exercise was to study civil defence arrangements in the county, particularly in relation to the dangers arising from 'fall-out' over a large area as the result of a thermo-nuclear explosion.

The exercise proved of considerable value, especially in illustrating the many difficulties which would arise in this type of warfare.

## **ENVIRONMENTAL HYGIENE**

### **Water Supplies and Sewerage**

#### *General Commentary*

It may fairly be said that during 1956 major developments took place as far as water supplies, sewerage and sewage disposal in Dorset were concerned. Apart from progress in the construction of works and in the preparation of new schemes, the more important events were:—

- (a) The adoption by the county council of the general principle of some re-grouping of statutory water areas in the county supported by circular 52/56 issued by the Ministry of Housing and Local Government later in the year.
- (b) The decision of the county council to make, under certain terms and conditions, contributions under Section 307 of the Public Health Act, 1936, towards the expenses incurred by borough and urban district councils in providing sewers or sewage disposal works.
- (c) The Ministry of Housing and Local Government held a public inquiry into the Wimborne Minster main drainage scheme which was estimated to cost £457,600, excluding works to be carried out by the Poole Corporation and the Wimborne and Cranborne Rural District Council.
- (d) Water prospecting was carried out at West Stafford in connection with the proposal to construct an atomic energy research establishment on Winfrith Heath. These operations, which extended over four months, were closely watched and were the subject of comprehensive reports by the county public health engineer.

#### *Regrouping of Water Undertakings*

In the light of the report made to the Ministry of Housing and Local Government by one of their engineering inspectors and a report by the county public health engineer, the county council decided that:—

- (a) subject to (b), (c) and (d) below, the grouping of water undertakings in Dorset should be undertaken in accordance with the recommendations contained in the Summary of the Dorset and South-West Somerset Water Survey, and that it would be appropriate for the two areas in which it is proposed to incorporate the major part of the County to be named respectively 'the Dorset Downs Water Area' and 'the East Dorset Water Area';
- (b) the question of the water area or areas into which the Sherborne Urban District and the Sherborne and Sturminster Rural Districts should be incorporated should be deferred for further consideration;
- (c) the whole of the Blandford Rural District should be brought within the proposed East Dorset Water Area;
- (d) that part of the County of Dorset coming within the statutory area of the Bournemouth and District Water Company should be incorporated into the proposed South-West Hants Water Area;
- (e) the Wareham Borough, Swanage Urban District and Wareham and Purbeck Rural District should form part of the proposed Dorset Downs Water Area;
- (f) a joint water board should be constituted for each of the areas to which reference is made in (a) above, and that such board should be established without intermediate groupings except in the West Dorset area, but that should any other interim grouping prove to be necessary it should be in conformity with the proposals for ultimate groupings;
- (g) the county council should be represented upon the joint water boards to which reference is made in (f) above;
- (h) subject to the constitution of the joint water boards to which reference is made in (f) above, to the county council being represented thereon, and to the levying of reasonable charges, the county council express their willingness to make a contribution to any annual deficiency which any such board may incur.

Meanwhile conferences were being arranged between groups of county district councils and statutory water companies in various parts of the county with a view to propounding, if possible, schemes acceptable to the undertakers concerned for the possible establishment of joint water authorities. If agreement could be reached between the county district councils and water companies themselves for the adequate regrouping of water undertakings this would facilitate the consideration of the question, as it affects the county as a whole, at a conference which might be convened by the county council at a later date.

The first area in the county to receive attention was that of West Dorset and in his report on the matter the county public health engineer concluded:—

- (a) That a joint water scheme would be the most satisfactory, safe and flexible means of supplying piped water to the whole of West Dorset.
- (b) That it would be feasible and highly desirable, on engineering, economic and administrative grounds for the two schemes which have been prepared on behalf of the Beaminster and Bridport Rural District Councils to be linked together, modified and augmented so as to serve not only the two rural districts but, in addition, the boroughs of Bridport and Lyme Regis.

He suggested that if the above conclusions were accepted and if it was decided to set up a joint water authority for West Dorset, consideration should be given by that body, at an early date, to the following recommendations:—

- (a) That negotiations be commenced as soon as practicable for the acquisition of the Bridport Waterworks undertaking by the joint water authority.
- (b) That consideration be given to obtaining 350,000 gallons of water per day from the Pinhay source and 20,000 gallons per day from the East Devon Water Board for supplying Lyme Regis and the western parishes of the Bridport rural district;
- (c) That in view of the information already in their possession and the work carried out over recent years in the preparation of comprehensive water schemes for the Beaminster and Bridport Rural District Councils, consideration be given to the consulting engineers of those authorities being invited to act as joint consultants to the joint water authority.
- (d) That as soon as satisfactory financial arrangements can be made, as a first step, the joint consultants explore in detail and report as may be required upon the water supply potential of all known sources, whether underground or surface, at Litton Cheney.
- (e) That steps be not taken to examine the possibility (a) of securing a greater quantity of water from Hooke springs than the amount to which agreement has provisionally been given in the Draft Beaminster Water Order; or (b) of obtaining an underground supply by means of a borehole at Stancombe Barn until the results of the Litton Cheney investigations are known.

The conclusions and recommendations embodied in this report were approved by the county council.

A meeting of representatives of the Ministry of Housing and Local Government, the county council, the borough and rural district councils and water companies in West Dorset was held at Bridport to consider the setting up of a joint water authority. As a result it was recommended that a committee be appointed to consider the matter.

At a meeting of this committee, consisting of representatives of the county district councils concerned, the water companies and the county council, the county council's decision, based on the county public health engineer's report as detailed above, was considered and the committee decided to recommend to their respective authorities that, subject to certain amendments, the conclusions set out in the report be accepted.

#### *Contributions to Boroughs and Urban District Councils under the Public Health Act, 1936, Section 307*

The question of extending their policy regarding contributions towards water supplies and sewerage schemes to urban district councils was given full consideration by the county council who decided:—

- (a) That, for the time being, no contributions under section 307 of the Public Health Act, 1936, be made to borough and urban district councils in respect of water supply schemes.
- (b) That the principle of making contributions under section 307 of the Public Health Act, 1936, towards the expense incurred by any borough or urban district council in providing sewers or sewage disposal works be approved, subject in each case to:—
  - (I) The district council concerned first having made an unsuccessful application to the Minister of Housing and Local Government for a grant towards the scheme under the Rural Water Supplies and Sewerage Acts, 1944-1955, or any enactments amending or re-enacting the same.
  - (II) The annual expenditure by the district council in connection with sewers or sewage disposal works being not less than the product of a specified rate in the pound.
  - (III) That the county council's contributions under section 307 of the Public Health Act, 1936, towards the expenses incurred by a borough or urban district council in providing sewers or sewage disposal works be conditional upon:—
    - (i) The borough or urban district council bearing, in connection with sewers or sewage disposal works, in any year which a contribution would otherwise be payable under the terms of this recommendation, annual expenditure equivalent to at least a product of a rate of 3/- in the pound.
    - (ii) The maximum proportion of the total annual cost of each new scheme to be borne by the county council being varied inversely with the product of a penny rate for the borough or urban district as follows:—

<i>Product of penny rate for borough or urban district.</i>	<i>Maximum proportion of cost of scheme to be borne by county council</i>
Not exceeding £1,500 .. ..	30 per cent
£1,501—£3,000 .. ..	20 per cent
Exceeding £3,000 .. ..	10 per cent

- (iii) Compliance with the scheme of conditions to be formulated and submitted for the consideration of the county council at a subsequent date.

#### *Wimborne Main Drainage Scheme*

There was no opposition to this scheme at the public inquiry which, bearing in mind the urgency of the need and the expenditure involved, was not well attended.

The proposals embodied, in the main, the revised sewer layout prepared by the county public health engineer and provided for the orthodox straight-through type of filtration system instead of recirculation, as had originally been suggested by the urban district council's consulting engineers. In accordance with the agreement which had been made with the Wimborne Minster Urban District Council, the county council will pay a substantial contribution towards the estimated expenditure which approaches half-a-million pounds.

It was twenty years ago that the county council gave their approval, in principle, to a scheme of main drainage for Wimborne which had to be shelved because of the war and which, when re-examined, was found to be in need of substantial revision to conform to the changed conditions existing at the end of hostilities. After the many delays it should not be too much to hope that a start on this project will, at long last, be possible during 1957.

#### *Other Schemes*

Apart from the subjects of which special mention has been made, substantial progress was made in the execution of much-needed works of sewerage, sewage disposal and water supply, and the table which follows these notes shows the schemes which were (i) submitted to the county council for consideration under the Rural Water Supplies and Sewerage Acts; (ii) commenced; and (iii) completed during the year. In addition, public inquiries or, where appropriate, local investigations, were held by inspectors of the Ministry of Housing and Local Government into the following proposals:—

<i>Water supply</i>	Beaminster Rural District	Comprehensive water scheme based on the Hooke springs source.
	Bridport Waterworks Company	
	Dorchester Rural District	Abbotsbury and Portesham.
<i>Sewerage and sewage disposal</i>	Dorchester Borough	Scheme for augmenting the sewerage system and the sewage disposal works.
	Wimborne Urban District	Main drainage scheme.
	Beaminster Rural District	Thorncombe.

Inspections of schemes completed or in progress were made by inspectors of the Ministry of the following works:—

<i>Sewerage and sewage disposal</i>	Bridport Rural District	Burton Bradstock.
	Sturminster Rural District	Sturminster Newton.
	Wareham and Purbeck Rural District	Affpuddle (Briantspuddle).

In each case the Ministry's representatives were satisfied with the manner in which the schemes were being carried out in spite of the fact that considerable difficulty was experienced, due to weather or local conditions.

Disappointment must be expressed that no apparent progress has been made with the Beaminster and Netherbury sewerage and sewage disposal scheme. An unfortunate hold-up also arose over the sewage disposal works site for the urgently-needed Charminster sewerage and sewage disposal scheme, on which it was hoped that work would commence within the next three years. Any delay will be serious, because at Herrison Hospital, which is to be connected to the Charminster sewers, a new admission block is to be constructed and the existing sewage disposal plant is already grossly overloaded.

*Schemes Submitted, Commenced and/or Completed during 1956*

Local Authority	Scheme	Approximate costs of Schemes		
		Submitted	Commenced	Completed
<i>Water Supplies</i>				
Beaminster Rural	Beaminster—Netherbury Duplicate supply main	£	£	£
	.. .. .. ..	—	15,900	—
Blandford Rural	Stour Valley—Mains from Gallops Reservoir to Durweston and Stourpaine	—	—	8,400
	Tarrant Valley .. .. ..	—	98,990	—
	Winterborne Valley—Coombe Hill extension	—	—	3,600
Dorchester Rural	Maiden Newton—Extension .. .. ..	—	3,190	—
	Abbotsbury and Portesham (revised scheme)	49,000	—	—
	Dewlish .. .. ..	7,700	—	—
Sherborne Rural	Comprehensive scheme:—			
	Contract No. 2 .. .. ..	—	—	6,561
	Contract No. 3 (extension) .. .. ..	—	—	5,439
	Contract No. 4 .. .. ..	—	25,706	—
Sturminster Rural	Comprehensive scheme:—			
	Contract No. 7 .. .. ..	—	—	20,382
	Contract No. 7 (additional) .. .. ..	—	—	822
	Contract No. 7 (additional) .. .. ..	—	—	812
	Contract No. 8 .. .. ..	—	—	10,500
Wareham and Purbeck Rural	Comprehensive scheme:—			
	Langton Matravers—Acton area .. .. ..	—	—	8,500
	Bere Regis .. .. ..	—	—	21,050
Wimborne and Cranborne Rural	Comprehensive scheme:—			
	Contract No. 4c .. .. ..	—	—	17,557
	Horton to Three Cross .. .. ..	—	10,633	—
<i>Sewerage and Sewage Disposal</i>				
Beaminster Rural	Thorncombe .. .. ..	5,225	—	—
Blandford Rural	Pimperne (revised scheme) .. ..	16,870	—	—
Sturminster Rural	Marnhull and Hinton St. Mary:—			
	Contract No. 3 .. .. ..	—	—	6,020
	Contract No. 4 .. .. ..	—	—	7,700
	Sturminster Newton:—			
	Contract No. 2 .. .. ..	—	—	20,470
	Contract No. 2 (additional) .. .. ..	—	—	1,235
	Contract No. 2 (additional) .. .. ..	—	—	1,800
Wimborne and Cranborne Rural	West Parley .. .. ..	223,000	—	—

**River Pollution Prevention**

Following the improvement in the condition of the River Stour at Sturminster, it is hoped the Ministry of Housing and Local Government will allow a start to be made in the near future on the much-needed Gillingham sewerage and sewage disposal scheme. The Stour at Gillingham has been seriously polluted by domestic sewage and trade wastes for a number of years, and although the Ministry have approved the Shaftesbury Rural District Council's scheme, in principle, they have not awarded a starting date. One explanation of this is, no doubt, the restriction of the capital investment programme, but it is believed that a further factor is that the Ministry are anxious to see the successful conclusion of the negotiations which the rural district council have been having with the managements of the several trade premises from which trade wastes are discharged into the existing sewers or direct into the River Stour.

As the result of the negotiations, it is hoped that financial contributions will be made by the tradespeople to an extent which will be adequate to defray the extra cost devolving upon the council in making provision for the reception of trade wastes into the new sewers and for their treatment at the sewage disposal works. As was pointed out, on behalf of the county council, at the public inquiry, it would be wrong to expect the ratepayers of the county and of the rural district to bear expenditure which should fairly fall upon the managements of the factories concerned, on whom rests the responsibility for disposing of trade wastes to the satisfaction both of the local authority and the river board.

It is satisfactory to place on record that the Bridport Rural District Council's sewerage and sewage disposal scheme for Charmouth has been approved by the Ministry of Housing and Local Government, and it is hoped that an early starting date will be awarded. The heavy pollution which, over a number of years, has occurred at Charmouth, is especially serious during the summer months, when the possibility exists of children bathing and paddling in the River Char near its mouth.

With schemes afoot to clean up the Rivers Allen (at Wimborne), Char and Stour, the outlook is promising. There is the prospect also, of the Dorchester Borough Council's scheme for improvements in their sewage disposal works and sewerage system, which has been approved, in principle, proceeding ere long, and when completed this will remove a long-standing black spot from the River Frome.

The only serious case of river pollution which will exist in Dorset when the works to which reference has been made above have been carried out is that which has been occurring for so long and to such a degree at Beaminster, on the River Brit. In this matter it is understood that the consulting engineers of the Beaminster Rural District Council now have all the information they require regarding the trade effluents for which provision must be made in the new scheme, and it is to be hoped that the revised proposals for dealing with Beaminster and the village of Netherbury will shortly be submitted to the authorities concerned.

Once more it is a pleasure to place on record appreciation of the co-operation which the county council have received from the Avon and Dorset River Board in the matter of river pollution prevention, and a special word of thanks is due to the board's Fisheries and Pollution Inspector, Mr. J. D. Brayshaw.

### Sanitary Accommodation

As a result of the good work done, in particular by the rural district councils, both in the provision of main drainage schemes and in giving financial assistance towards the conversion of conservancy methods of sewage disposal to the waterborne system, progress has continued to be made in this important field of public health. Some years ago it was by no means uncommon to find that after heavy expenditure had been incurred on the provision of sewerage and sewage disposal facilities, by no means all of the properties which could be served were, in fact, connected. In those instances where the sanitary authority were not able to take compulsory action a difficult situation arose, as not only did the money which had been outlaid on the provision of sewerage schemes appear to have been spent unwisely but, in some cases, the sewage disposal works did not function satisfactorily because they were not receiving the quantity of sewage for which they were designed. In almost every case the deterrent was the expense of making the connections, and there is no doubt that the policy of the majority of the rural district councils in providing lateral connections at the time the sewers are constructed, has done much towards the removal of this difficulty. This practice is encouraged by the county council who are, in effect, financial partners with the rural district councils in the provision of main drainage works and who are prepared to pay a contribution towards the cost of schemes *as a whole* in accordance with their grant regulations, provided the Minister approves the works for grant aid.

Apart from this aspect of the provision of modern sanitation, however, goodwill has been shown by property owners and others in the matter of conversions to water closets and it is hoped that this mutual co-operation between local authorities and owners, or occupiers, as the case may be, will continue. An added incentive in some cases will, no doubt, be the improvement grants which are available under the Housing Repairs and Rents Act of 1954, to which reference is made on a later page.

### Public Cleansing

The public cleansing services in Dorset have again functioned as well as the economic situation will allow; indeed, in the main, they are extremely efficient. There is no gainsaying the fact, however, that in some of the country districts, in particular, collections of refuse are still not as frequent as would be desired and the reason for this is mainly one of finance aggravated, at the end of the year, by difficulties in obtaining adequate supplies of petrol. Whether or not the existing services can continue with the same frequency as was the case before the introduction of petrol rationing, remains to be seen, but it will be surprising if some cuts have not to be made for the duration of the fuel restrictions. As has been said before in this report, it is a pity that greater advantage cannot be taken of the composting of refuse and sewage sludge. The trouble is, however, that whereas the properties of refuse in this connection are well known, it is not possible to use the material in the form in which it is collected, and the necessary processing is an expensive matter. More and more difficulty is being experienced both in finding adequate sites for the disposal of refuse and in the treatment and ultimate disposal of sludge produced at sewage disposal works. Time and time again, when one questions a district council engineer about the way in which his sewage treatment plants are functioning, the reply is that whereas the works themselves are highly satisfactory, the question of sludge drying and disposal becomes increasingly troublesome. Now that the Ministry of Housing and Local Government has indicated their willingness to consider schemes where it can be shown that composting arrangements could be economically installed in connection with either existing or new sewage disposal works, it is to be hoped that enterprise and initiative will be forthcoming in this very important field.

In the 1955 Annual Report, attention was drawn to the nuisances which had arisen throughout the countryside during the summer of that year by the indiscriminate dumping of litter of all kinds. The reduction of the nuisance in 1956 was due, no doubt, more to the inclement weather, which tended to keep people away from the countryside, than to any other cause. Apart from the eyesore and the general despoliation which litter creates, which is lamentable enough, of much more importance is the possible risks which there must be to public health. In illustration of this one might mention (a) the attraction which foodstuffs of any kind bring to flies and vermin, and (b) the possible infection of water supplies by faecal matter and urine.

The steps which local authorities have taken by the provision of litter bins and the attention which they have given to the subject generally, are very real contributions, and it is earnestly hoped that visitors to Dorset will co-operate fully in the campaign to maintain the beauty of the countryside and keep it clean.

### Shops Act, 1950

It is again necessary to report that, with few exceptions, the county district councils have not been able to give attention to the health aspects of the Shops Act, about which comment has been made in my annual reports for the last five years. This is because of still further pressure of work brought upon the public health inspectors by new legislation and by the decontrol of slaughtering.

As in the past, special difficulties have occurred in covering the many aspects of public health work where an officer is required to carry out the duties of surveyor as well as those of public health inspector. It is pleasing to report, however, that the need for separate appointments now appears to be more readily recognised than it was a few years ago and new appointments have been made in some districts in which the dual system had been practiced over a long period. It is strongly hoped that this trend will increase in the future.

### Swimming and Sea Water Bathing

After what has been written in the last five Annual Reports on the practice of discharging sewage into the sea, it was interesting to note the comment on this subject which appeared in the national and technical press during the year. In particular, a well known technical journal featured during the summer a series of articles entitled *Pollution of the Sea*, and if the enquiries which the author conducted elsewhere were made as thoroughly as those which were carried out in Dorset, a very useful purpose was served both in reviewing this subject and in arousing public interest.

Only on grounds of economics can there be any justification for disgorging vast quantities of sewage into the sea from a large proportion of the coastal towns in Great Britain, and it is encouraging to learn that, in spite of the restrictions on capital works, the Ministry of Housing and Local Government are, it would seem, tending to require full treatment of sewage in cases where a sea outfall would provide a cheaper alternative.

Enough has been said on this subject to bear out the contention which many have held for a long time that the disposal of sewage into the sea is not only a distasteful but a potentially dangerous practice which should cease as soon as the funds are available to enable a policy for the treatment of sewage to be vigorously pursued.

Apart from the facilities afforded by its superb coastline, Dorset is not, as yet, well equipped inland for public swimming. There is, however, an increasing desire on the part of townsfolk, whether or not they live near the sea, to indulge in swimming as a means of exercise and recreation. More than one borough and urban district council in the county is, as a result of public demand, giving careful consideration to the construction of public swimming baths, and it is hoped that, following these deliberations, there will be a welcome extension of bathing facilities.

It may well be that the decision of the County Education Committee to encourage the construction of learners' swimming pools at certain schools has given a strong lead in this matter. Certainly, the swimming pools which have been constructed and are in use at Dorchester and Wareham secondary modern schools, and the Bridport bilateral school, are proving very successful and are demonstrating in a convincing way the enterprise of parents, pupils and teaching staff alike.

The county health department is assisting in the treatment of the water by means of chlorination applied by hand dosage, and the results obtained to date have been highly satisfactory. Close supervision of the free chlorine content is maintained during the periods that the baths are in use and, in this connection, the teaching staff and selected senior pupils are co-operating fully.

### Verminous Premises

#### *The Control of Vermin and Insect Pests*

There has again been evidence to show that the decline in the number of persons and premises reported to be verminous, to which reference has been made in recent years, has continued.

#### *Vermin Control*

Although a great deal of useful work has been done during the year in the destruction of rats and mice, it is apparent and, to some extent, disturbing that there is considerable hesitancy in the spending of public money on work of this kind. Nevertheless, it is strongly urged that any temptation to economise in this direction should be strenuously resisted in the national interest.

### Factories Acts

The number of factories in this county is not great and, therefore, the need for any considerable volume of work under the Factories Act does not arise. However, less difficulty, it is pleasing to report, now exists in getting necessary improvements carried out at factories.

Satisfactory co-operation has been maintained between H.M. Inspectors of Factories and the local authority officers concerned.

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## INSPECTION AND SUPERVISION OF FOOD

### Milk Supply

#### *Milk—Licensed Pasteurising Establishments*

At the 1st January, 1956, there were seventeen licensed pasteurising establishments in the county, excluding the Borough of Poole. During the year one application for a Dealer's (Pasteuriser's) Licence was received and approved, bringing the total at the end of the year to eighteen.

Approximately 19,000 gallons of milk a day are pasteurised at these dairies, a high percentage being consumed within the county, and it is satisfactory to be able to report that this grade of milk is supplied in each of the county districts.

During the year sampling officers of the county health department obtained some 2,038 samples of pasteurised milk at the eighteen licensed dairies, and it will be seen from the Table that only thirteen (0·64 per cent) failed the phosphatase test for efficient heat treatment. Advisory visits were made in connection with the unsatisfactory samples and in three cases it was found necessary to take formal action.

Holding time and flow rate tests were made of five high-temperature short-time pasteurising plants and, in addition, swabs and rinses were obtained of cleaned pasteurising and ancillary equipment, details of which are given in the Table. Frequent inspections of the dairy premises and pasteurising equipment were undertaken throughout the year to ensure the maintenance of a satisfactory standard of cleanliness.

#### *Prevention of the Sale of Tuberculous Milk*

Altogether 657 samples of milk, including raw cream, were submitted for examination for tubercle and thirteen of the specimens, including one sample of tuberculin tested milk and a sample of raw cream from the milk of a tuberculin tested herd, proved to be positive. In the case of each of the positive samples the necessary administrative action was taken and seven animals were dealt with under the provisions of the Tuberculosis Order.

Each year sees an increase in the number of tuberculin tested dairy herds and it is hoped that the time is not far distant when all liquid milk will be sold under the designation 'tuberculin tested', preferably pasteurised, for many people seem to overlook the fact that raw milk can be the means of conveying disease other than tuberculosis, and pasteurisation is the best known safeguard against this risk.

#### *Compositional Quality of Milk*

The question of improving the compositional quality of milk is an important and complicated one. On occasions the milk from some producers has proved to be of poor quality and the Milk Marketing Board, who have been concerned for some time in this matter, are now actively engaged in the problem with a view to bringing about an improvement. Since October a joint milk quality control committee have been operating a scheme whereby producers' supplies are tested regularly for fat and solids not fat, and if the milk fails to reach a certain standard they are recommended to obtain advice. Where the tests indicate very poor compositional quality, a warning is issued to the effect that the contract with the Milk Marketing Board may have to be terminated if an improvement is not forthcoming.

#### *Designated Milk Production*

At the beginning of the year there were 3,000 registered dairy farms in the county, and the number of licensed producers of tuberculin tested milk was 1,872. At the 31st December, 1956, the figures respectively were 2,986 and 1,928, which indicates that 64·5 per cent of the registered milk producers in Dorset are licensed by the Ministry of Agriculture, Fisheries and Food for the production of tuberculin tested milk.

With effect from the 1st March, 1956, Dorset has been included in an area known as a 'free testing area' under the provisions of the Tuberculosis (Attested Herds) Scheme, 1950. On the 1st January, 1956, the number of attested herds in the county was 2,199, which by the end of the year had increased to 2,409, and it is very satisfactory to be able to report that between 75 and 80 per cent of all herds are attested.

I am indebted to the county agricultural officer and the divisional veterinary inspector of the Ministry of Agriculture, Fisheries and Food for the above information.

#### *Specified Areas*

No infringements of the Milk (Specified Areas) Orders were reported during the year. In the summer months there is a considerable influx of holiday-makers to that part of Dorset which is a specified area. Many of these occupy temporary caravans and camping sites, and special attention was given in these cases to ensure that designated milk only was supplied.

#### *Undulant Fever*

Information was received regarding two cases of undulant fever in the same family. An investigation undertaken by the district medical officer of health revealed nothing to implicate the local milk supplies.

#### *Statistical Summary of Samples taken during the year*

##### *Milk*

Sampling Point	Methylene blue test		Phosphatase test		Total	Biological Examination		Total
	Pass	Fail	Pass	Fail		Negative	Positive	
Licensed Pasteurising Establishments .. ..	1,475	5	2,025	13	2,038	17	—	17
Schools—								
Pasteurised milk .. ..	1,582	31	2,109	5	2,114	6	—	6
T.T. milk .. ..	137	46	—	—	183	18	—	18
School Canteens—								
Pasteurised milk .. ..	443	9	573	3	576	1	—	1
T.T. milk .. ..	17	12	—	—	29	—	—	—
County Homes and Hospitals—								
Pasteurised milk .. ..	187	5	256	1	257	1	—	1
T.T. milk .. ..	17	4	—	—	21	9	—	9
Retailers—								
Pasteurised milk .. ..	334	3	445	5	450	3	—	3
T.T. milk .. ..	68	20	—	—	88	10	—	10
Producers and Producer/Retailers—								
T.T. milk .. ..	161	23	—	—	184	204	2	206
Non-designated milk .. ..	87	22	—	—	109	371	11	382
Totals .. ..	*4,508	180	5,408	27	6,049	640	13	653†

\* In accordance with the provisions of part 3 to the third schedule of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-1953, 1,361 samples of pasteurised milk were not submitted to the methylene blue test as the atmospheric shade temperature exceeded 65 deg. F. on the days the samples were obtained.

† Includes 47 samples taken for biological examination by the Poole Borough public health inspectors.

### Rinses

<i>Obtained from</i>	<i>Satisfactory</i>	<i>Fairly Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
Pasteurising Establishments and Schools .. .	1,782	90	178	2,050

Water

<i>Sampling Point</i>	<i>Satisfactory</i>	<i>Suspicious</i>	<i>Unsatisfactory</i>	<i>Total</i>
Pasteurising Establishments, Police Houses, Schools, etc.	486	112	63	661

### *General*

Water, swimming-bath water, faeces, sewage effluents, Moore's swabs, food, cream, milk, ice cream, not included in above tables

### Grand total of samples taken (all groups)

## Samples

441

9,858

## **Meat and Other Foods**

One new slaughterhouse was licensed at the beginning of the year, bringing the total number of licensed slaughterhouses in the county to twenty-eight, excluding the four bacon factories.

Details of the Government's policy in regard to slaughterhouses were outlined in a Government White Paper published in May, 1956, and it is possible that some may be closed as a result of new regulations which the Minister of Agriculture, Fisheries and Food, in conjunction with the Minister of Health, is expected to introduce in the near future. This may possibly relieve the burden of meat inspection in some districts, but as long as hours of slaughtering remain unregulated, the problem will continue in respect of the smaller authorities having slaughterhouses at which meat inspection has to be undertaken by the public health inspector in conjunction with his other duties. Apart from exceptional circumstances, there ought not to be any necessity for Sunday slaughtering which, in many instances, appears to be a regular feature of the present system, and the extent to which overtime on weekdays has to be undertaken is placing an undue and wholly unreasonable burden on the inspectorate.

For many local authorities the problem of maintaining an efficient meat inspection service is a very real and urgent one, and the Government's proposals to make a financial contribution towards the cost of meat inspection will be welcome, but it is unlikely that these measures alone will solve the whole problem.

It is satisfactory to note that regulations can now be made under section 13 of the Food and Drugs Act, 1955, for securing the inspection of animals intended for slaughter and of carcases of animals for the purpose of finding out whether meat intended for sale for human consumption is fit for such consumption. Bearing in mind the difficulties which are being experienced by many district councils, it is to be hoped that regulations which will have the effect of facilitating the meat inspection service will be introduced at a very early date.

### *Cysticercus Bovis*

During the year the incidence of this disease at three of the largest slaughterhouses in Dorset was between 0·6 per cent and 0·9 per cent, although the number of cases identified at one particular slaughterhouse during the late autumn was much higher. The manner in which *cysticercus bovis* is conveyed to cattle is of considerable interest not only to public health authorities but to veterinary officers and meat traders alike. An investigation carried out by the county health department in 1952 was the subject of a report published in my annual report for that year, in which it was suggested that rivers and streams receiving the effluents from sewage disposal works might conceivably be sources of infection to cattle.

The need for supervising the final disposal of sludge from sewage works and the contents of cesspools and septic tanks cannot be over emphasised, for the indiscriminate deposition of these waste matters on pasture land might also result in cattle becoming infected. The post-war years have seen a considerable increase in the number of rural properties with cesspool or septic tank drainage, and there is a very real need, on public health grounds, for ensuring that the contents of these tanks are disposed of in a satisfactory manner. Apart from these considerations, the question of birds, particularly sea-gulls—which feed around sewage disposal works and sewer outfalls—acting as vectors of the disease is now receiving active consideration.

### **Food Premises**

The Food Hygiene Regulations, which became operative on the 1st January, 1956, give county district councils wide powers to enforce hygienic practices in the preparation, handling and distribution of food, and for securing that food premises are maintained in a sanitary condition. The county council are involved in the implication of these regulations, being, by a wide margin, the largest caterers in the county, and in this connection it is satisfactory to be able to report that, generally, county council premises have been found to comply with the regulations. In addition, all staff engaged in the preparation and handling of food have been advised of their responsibilities in the maintenance of a satisfactory standard of hygiene.

During the year district medical officers of health and public health inspectors maintained supervision of food premises, but in some cases public health inspectors working single-handed found it impossible to make detailed inspections of all food premises in their district.

Whereas the regulations will prove a most valuable aid in raising the standard of food hygiene, they will not bring about the desired improvement without the co-operation of the managements and staff of food businesses. The general public, also, can exert a considerable influence in the matter of food hygiene, and in this connection health education and publicity can play important parts.

### The Manufacture and Sale of Ice Cream

During the year close supervision was maintained of the manufacture and sale of ice cream, and the public health inspectors of the county district authorities submitted many samples to the public health laboratory for the methylene blue test. The reports on these samples indicate that, generally, the ice cream was of a satisfactory bacteriological standard.

Of 374 samples, 303 (81 per cent) were provisional grade I, whilst 91 per cent were provisional grades I and II; only seventeen (0·5 per cent) were categorised provisional grade IV. Much of the ice cream sold in the county is pre-packed and supplied by wholesalers, who manufacture the product in well-equipped factories where a high standard of hygiene is maintained.

### Food Poisoning

Two outbreaks of food poisoning occurred during the year. In both cases the investigations indicated that food handlers could probably have caused the outbreaks. Incidents of suspected food poisoning also occurred on two occasions at schools in the north of the county, but despite a very thorough investigation in each case, the cause was not identified.

### Adulteration of Food and Drugs

The county council's duties in connection with sampling under the Food and Drugs Act, 1955, are undertaken by the department of the chief inspector of weights and measures. The following particulars relate to samples taken during the year ended 31st December, 1956:—

<i>Nature of Sample</i>	<i>Number obtained</i>	<i>Number certified as adulterated or not up to standard</i>
Milk .. .. ..	454	18
Butter .. .. ..	10	—
Ice Cream .. .. ..	18	—
Potable Spirits .. .. ..	37	—
Other Foods .. .. ..	170	12
Drugs .. .. ..	18	2
Totals .. .. ..	707	32

Appropriate action was taken in connection with all samples adversely reported upon by the public analyst.

In the borough of Poole this work is carried out by the borough public health inspectors and some 299 samples of food and drugs were submitted to the public analyst during the year.

### HOUSING (Table 27)

From the statistics set out below, which have been taken from the Ministry of Housing and Local Government's returns for the 31st December, 1955 and 1956, it will be observed that the total number of council houses constructed by the housing authorities in Dorset since 1945 has increased from 10,399 to 10,823 during the year. The increase of 424 is, however, less by some 253 dwellings than the number built during 1955 which, in turn, was 265 below that of 1954.

In the boroughs of Lyme Regis, Shaftesbury and Wareham, in the urban districts of Portland and Wimborne Minster, and in the Shaftesbury rural district, no council houses were, according to the official returns, completed during 1956, and throughout the county there has been a further falling-off in the rate of council house construction. Although the demand for council houses in some districts has shown a decrease, there is, as revealed below, still an urgent need for housing accommodation of this kind in the county as a whole, and there would appear to be no doubt that the reason for the slowing-down in council house construction is due to financial considerations.

No information is available on the question of waiting lists in the boroughs and urban districts, but in the rural districts when the annual returns were submitted for the year ended 30th June, 1956, the total number of applicants for council houses was 1,889, a reduction of 104 on the 1955 figure. However, in the Blandford, Dorchester and Wareham and Purbeck rural districts the waiting lists increased. The Blandford rural district completed thirteen houses during the year, Dorchester fifty and Wareham and Purbeck thirty-four, against waiting lists at the end of June of 256, 496 and 361 respectively. This picture may not, however, be as black as it looks on paper, because although housing authorities have done their best to ensure that applicants are genuinely in need of accommodation in the rural districts concerned, it is known that the waiting lists do not represent the true demand. Even so, and whilst the difficulties facing the housing authorities are fully appreciated, it is apparent that more progress in council house construction in these rural districts, in particular, would be desirable.

Reference to the Ministry's figures will show that the number of privately owned dwellings completed in 1956 increased by 1,324, which is about the same figure as the increase reported for this type of house constructed in 1955. The total number of private dwellings built in Dorset between 1st April, 1945, and 31st December, 1956, was 7,019—i.e. nearly two-thirds of the total number of post-war council houses erected in the county in the same period.

It is also noteworthy that, in Dorset as a whole, during 1956 four times more private dwellings were erected than council houses, and in the Wimborne and Cranborne rural district alone no less than 277 private dwellings were completed, compared with fifty council houses—a fact which possibly partly explains the decrease of eighty in the waiting list for council houses in that area as revealed at 30th June, 1956.

To sum up, whereas the progress being made in the provision of private dwellings is playing a valuable part in the improvement of the overall housing position, concern must be expressed at the marked reduction of the council housing programme. Especially is this the case, bearing in mind the fact that the situation will not be made easier when the slum clearance schemes to which reference is made below are implemented, with the subsequent responsibilities in the rehousing of displaced persons.

*Permanent Houses completed in Dorset since 1st April, 1945*

Housing Authority	Position as at 31st December, 1955				Position as at 31st December, 1956			
	Under Construction		Completed		Under Construction		Completed	
	By Council	Privately	By Council	Privately	By Council	Privately	By Council	Privately
<i>Boroughs:</i>								
Blandford Forum ..	21	1	240	34	27	1	265	35
Bridport ..	—	9	296	93	—	12	304	106
Dorchester ..	27	25	304	125	44	16	331	193
Lyme Regis ..	—	11	201	48	—	10	201	64
Poole ..	82	306	2,830	2,056	92	239	2,939	2,623
Shaftesbury ..	—	—	138	49	—	2	138	53
Wareham ..	—	—	135	59	—	—	135	59
Weymouth and Melcombe Regis ..	28	60	1,220	673	100	60	1,242	757
<i>Urban Districts:</i>								
Portland ..	—	11	376	84	—	8	376	89
Sherborne ..	20	2	249	34	32	—	265	40
Swanage ..	—	39	180	215	12	27	218	260
Wimborne Minster ..	—	6	119	35	—	—	119	41
<i>Rural Districts:</i>								
Beaminster ..	8	6	274	112	19	8	286	118
Blandford ..	13	14	369	136	20	8	382	158
Bridport ..	20	36	164	161	—	24	192	186
Dorchester ..	34	32	380	228	26	41	430	275
Shaftesbury ..	—	5	421	118	—	6	421	143
Sherborne ..	4	7	236	51	—	9	244	58
Sturminster ..	8	13	799	113	3	5	810	126
Wareham and Purbeck	14	51	754	354	11	25	768	441
Wimborne and Cranborne ..	36	79	714	917	12	66	757	1,194
Totals ..	315	713	10,399	5,695	398	597	10,823	7,019

**The Housing Act, 1949, and the Housing Repairs and Rents Act, 1954 (Table 27)**

*Improvement of Dwellings*

Thirty-seven per cent fewer applications for improvement grants were received during 1956 compared with 1955. Since the introduction of the Housing Act, 1949, 1,236 applications have been received by the nine rural district councils in the county and of this number, 1,090 were approved, resulting in 1,330 dwellings being improved.

Most of the applications were in respect of owner-occupied dwellings, and whilst this is disappointing, the fact that property which might otherwise have deteriorated beyond repair has been given a further useful lease of life is, in itself, an important contribution to the overall housing situation.

*Clearance Areas and Individual Unfit Houses*

Some progress was made during the year in connection with the rural district council's programmes for slum clearance, but the nature of the problem in most cases is such that an early solution is unlikely.

*Certificates of Disrepair*

During the year very few applications were made to the county district councils for certificates of disrepair. In my annual report for 1955 I referred to the apparent diffidence of landlords to make use of the provisions of the Housing Act, 1954, to increase rents, and the year 1956 did not produce any indication of a change of outlook.

TABLE 1—VITAL STATISTICS

<i>Area:—622,844 Acres.</i>	<i>1947</i>	<i>1948</i>	<i>1949</i>	<i>1950</i>	<i>1951</i>	<i>1952</i>	<i>1953</i>	<i>1954</i>	<i>1955</i>	<i>1956</i>
<i>Population:—</i>										
Urban Districts ..	168,290	171,706	173,914	181,595	183,500	183,600	185,800	188,070	188,700	188,400
Rural Districts ..	96,100	101,094	101,486	109,245	112,800	112,900	113,560	113,430	115,300	115,700
Whole County ..	264,390	272,800	275,400	*290,840	*296,300	*296,500	*299,360	*301,500	*304,000	*304,100
Rateable Value ..	£1,905,871	£1,877,578	£1,921,277	£1,951,992	£1,985,454	£2,022,864	£2,055,181	£2,094,569	£2,155,508	£3,660,
<i>Estimated Produce of a Penny Rate ..</i>	£7,587	£7,486	£7,657	£7,757	£7,667	£7,958	£8,121	£8,300	£8,518	£14,500
<i>Births:—</i>										
Still Births ..	115	108	66	88	87	89	104	102	91	9
Live Births ..	5,381	4,679	4,435	4,266	4,387	4,241	4,354	4,297	4,172	4,211
Legitimate ..	5,157	4,482	4,247	4,018	4,155	4,029	4,139	4,103	3,984	4,011
Illegitimate ..	339	305	254	248	232	212	215	194	188	19
TOTALS ..	5,496	4,787	4,501	4,354	4,474	4,330	4,458	4,399	4,263	4,300
Live Birth Rate (per 1,000 population) ..	20·3	17·1	16·1	14·6	14·8	14·3	14·5	14·2	13·7	13·
Still Birth Rate (per 1,000 total births) ..	20·9	22·5	14·6	20·2	19·4	20·5	23·3	23·1	21·3	22·
Live Birth Rate (England & Wales) ..	20·5	17·9	16·7	15·8	15·5	15·3	15·5	15·2	15·0	15·
<i>Deaths:—</i>										
Total Deaths (all ages) ..	3,418	3,179	3,459	3,629	3,878	3,435	3,615	3,447	3,729	3,790
Death Rate (per 1,000 population) ..	12·8	11·6	12·5	12·4	13·0	11·5	12·0	11·4	12·2	12·
Death Rate (England and Wales) ..	12·0	10·8	11·7	11·6	12·5	11·3	11·4	11·3	11·7	11·
<i>Infant Mortality:—</i>										
Deaths under 1 year of age ..	148	122	110	103	116	100	104	98	104	10
Legitimate ..	134	111	91	96	109	94	97	94	96	9
Illegitimate ..	14	11	19	7	7	6	7	4	8	
Mortality Rate (per 1,000 Legitimate live births) ..	26·5	25·3	21·5	23·8	26·2	24·8	23·4	22·9	24·0	24·
Mortality Rate (per 1,000 Illegitimate live births) ..	42·0	36·6	76·3	28·2	30·1	28·3	32·5	20·6	42·5	30·
Mortality Rate (per 1,000 live births) ..	27	26	24	24	26	23	23	22	24·9	24·
Mortality Rate (England & Wales) ..	41	34	32	29	29	27	26	25·5	24·9	23·
<i>Maternal Mortality:—</i>										
Maternal Deaths ..	6	4	2	3	3	4	5	†3	1	
Maternal Mortality Rate (per 1,000 births) ..	1·09	0·83	0·44	0·68	0·67	0·92	1·1	0·68	0·23	0·4
<i>TUBERCULOSIS.</i>										
<i>Deaths.</i>										
All forms ..	114	103	80	80	57	62	45	41	30	2
Death-rate per 1,000 population ..	0·42	0·37	0·29	0·27	0·19	0·20	0·15	0·13	0·09	0·0
Pulmonary ..	91	89	65	72	47	57	39	37	28	2
Death-rate per 1,000 population ..	0·34	0·32	0·24	0·24	0·16	0·19	0·13	0·12	0·09	0·0
Non-Pulmonary ..	23	14	15	8	10	5	6	4	2	
Death-rate per 1,000 population ..	0·08	0·05	0·05	0·02	0·03	0·01	0·02	0·01	0·006	0·00
<i>Notifications:—</i>										
All forms ..	270	214	224	231	266	217	209	175	155	21
Pulmonary ..	216	164	169	184	225	177	163	146	135	18
Non-Pulmonary ..	54	50	55	47	41	40	46	29	20	3
<i>Notification Register as at 31st December:—</i>										
All forms ..	1,257	1,277	1,202	1,266	1,448	1,564	1,667	1,634	1,632	1,71
Pulmonary:										
Males ..	549	553	553	574	647	697	750	773	794	83
Females ..	387	395	379	404	493	534	582	597	613	65
Non-Pulmonary:										
Males ..	161	167	148	158	165	175	178	135	107	10
Females ..	160	162	122	130	143	158	157	129	118	12

\* Includes non-civilians.

† Includes one at age 45 where the interval between maternal condition and death was stated to exceed 12 months.



TABLE 2—VITAL STATISTICS IN ADMINISTRATIVE AREAS.

Please leave open when referring to Tables 2, 3 and 4.

Causes of Death.		Totals U.D.'s		Totals R.D.'s		Totals whole County, 1956	Comparable Totals, 1955	Blandford Forum M.B.		Bridport M.B.		Dorchester M.B.		Lyme Regis M.B.		Portland U.D.		Shaftesbury M.B.		Sherborne U.D.		Swanage U.D.		Wareham M.B.		Weymouth and Melcombe Regis M.B.		Wimborne Minster U.D.				
		M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
1. Tuberculosis, respiratory	..	12	4	5	3	24	28	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	1	2	1	2
2. Tuberculosis, other	..	1	1	1	—	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3. Syphilitic disease	..	1	—	1	1	3	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. Diphtheria	..	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Whooping cough	..	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. Meningococcal infections	..	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. Acute poliomyelitis	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. Measles	..	—	—	—	—	1	2	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Other infective and parasitic diseases	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	6	—	
10. Malignant neoplasm, stomach	..	33	34	15	19	101	93	1	2	2	3	2	1	1	2	1	1	1	—	—	—	—	—	—	—	—	—	12	1	—		
11. Malignant neoplasm, lung, bronchus	..	62	7	28	4	101	107	—	—	2	—	6	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	9	—		
12. Malignant neoplasm, breast	..	1	38	—	21	60	50	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—		
13. Malignant neoplasm, uterus	..	—	15	—	9	24	23	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25	28	3	—		
14. Other malignant and lymphatic neoplasms	..	132	120	58	70	380	339	3	—	3	7	12	13	1	3	7	1	1	—	—	—	—	—	—	—	—	1	1	1	—		
15. Leukaemia, aleukaemia	..	6	6	6	—	18	17	—	—	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	—	—			
16. Diabetes	..	6	20	4	3	33	27	—	—	8	9	13	13	1	—	—	—	5	6	1	3	7	9	6	5	12	37	42	7	—		
17. Vascular lesions of nervous system	..	156	218	70	137	581	575	1	8	9	8	13	13	1	—	—	—	4	6	2	5	6	7	6	7	4	56	37	7	—		
18. Coronary disease, angina	..	253	146	138	73	610	582	3	4	10	10	16	6	4	—	—	11	12	2	1	2	1	2	1	1	2	5	5	—			
19. Hypertension with heart disease	..	18	30	12	13	73	647	665	7	12	6	21	7	14	1	2	10	5	3	2	2	8	13	7	4	26	43	3	—			
20. Other heart disease	..	148	220	116	163	166	177	—	2	1	2	3	—	—	1	2	—	—	1	1	1	1	1	1	1	1	1	11	2	—		
21. Other circulatory disease	..	53	59	24	30	48	32	—	—	1	—	6	3	1	—	—	—	1	3	1	2	2	2	2	2	1	1	12	17	—		
22. Influenza	..	6	9	7	1	23	19	—	—	1	3	6	3	1	1	—	—	1	3	1	2	2	2	2	2	2	1	1	7	6	—	
23. Pneumonia	..	59	60	29	34	182	140	—	—	1	1	3	—	—	—	—	—	4	1	2	1	1	1	1	1	1	1	1	1	1	1	1
24. Bronchitis	..	38	23	29	11	101	115	2	—	1	1	3	—	—	—	—	—	1	3	1	2	1	1	1	1	1	1	1	1	1	1	1
25. Other diseases of respiratory system	..	26	8	9	5	48	32	—	—	2	—	6	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	
26. Ulcer of stomach and duodenum	..	13	10	3	5	31	41	—	—	1	—	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—		
27. Gastritis, enteritis and diarrhoea	..	7	8	3	4	22	14	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	—		
28. Nephritis and nephrosis	..	10	8	9	4	31	36	—	—	6	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	1	—	
29. Hyperplasia of prostate	..	31	—	13	—	44	29	2	—	6	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30. Pregnancy, childbirth, abortion	..	—	2	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	—
31. Congenital malformations	..	7	8	10	4	29	31	—	—	1	—	1	1	—	—	—	—	1	1	—	—	—	5	1	6	5	4	2	25	22	—</td	

Beaminster R.D.		Blandford R.D.		Bridport R.D.		Dorchester R.D.		Shaftesbury R.D.		Sherborne R.D.		Sturminster R.D.		Wareham and Purbeck R.D.		Wimborne and Cranborne R.D.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	—	—	1	1	—	—	—	—	1	1	1	1	1	—
—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
2	1	3	3	2	—	1	7	2	—	—	—	1	—	1	3	4	3
3	2	2	—	2	—	2	—	1	—	2	—	1	—	2	5	11	2
—	1	—	1	—	—	—	—	3	—	—	—	—	—	3	—	—	4
5	3	4	1	6	5	11	15	2	4	3	4	4	5	8	13	15	20
—	1	—	—	—	—	1	—	1	—	—	—	—	2	—	3	—	—
4	12	3	14	6	8	14	31	7	7	6	5	11	14	9	16	10	30
14	10	4	5	14	7	23	2	9	6	10	2	15	13	16	11	33	17
—	2	—	2	—	2	1	2	2	1	—	2	1	2	—	5	3	3
4	6	5	12	7	16	25	54	13	6	6	4	16	20	23	19	17	26
1	3	—	1	1	2	2	2	6	5	1	3	3	2	4	5	7	7
—	—	—	—	—	—	—	—	3	—	—	—	1	—	2	—	1	1
3	3	1	1	2	5	6	10	1	2	3	—	4	7	3	1	6	5
3	3	2	1	3	—	3	1	—	1	—	1	—	7	1	3	1	2
1	1	—	—	2	—	—	2	1	—	—	—	—	3	1	—	1	1
—	—	1	—	—	—	2	1	—	—	—	—	—	—	3	—	—	—
—	—	—	1	2	—	1	2	2	—	—	—	—	2	—	—	1	1
1	3	—	1	2	—	1	—	1	—	1	—	2	—	1	—	3	—
—	—	—	1	2	—	1	—	2	—	—	—	—	2	—	—	—	—
—	—	—	3	1	—	1	1	1	—	—	—	—	1	—	2	—	1
1	8	3	—	1	—	1	1	1	—	—	—	—	1	1	—	2	—
8	10	2	7	6	4	9	15	6	5	3	2	2	9	5	6	10	16
2	—	1	—	—	—	3	1	—	—	2	—	—	—	5	—	3	—
5	3	—	—	1	—	5	2	1	—	—	2	—	1	6	—	1	4
1	1	—	—	—	2	1	1	2	—	—	1	—	1	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
61	64	33	50	58	56	114	158	59	38	42	26	82	76	101	92	147	145
—	4	3	1	3	3	2	—	1	1	2	—	3	2	1	1	6	2
—	2	3	1	3	2	2	—	1	1	2	—	3	2	1	1	6	2
—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
47	74	75	86	58	48	135	139	94	61	40	54	70	61	169	148	171	150
44	68	70	83	57	45	127	135	93	60	40	53	67	58	161	139	163	140
3	6	5	3	1	3	8	4	1	1	—	1	3	3	8	9	8	10
5	1	1	1	2	1	4	—	3	4	1	—	3	1	4	3	4	2
4	1	1	1	2	1	4	—	3	4	1	—	3	1	4	3	4	1
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
8,140		13,630		7,530		16,840		9,820		5,730		9,840		20,480		23,690	
8,150		13,150		7,380		17,290		10,450		5,720		9,880		20,210		23,070	

TABLE 3—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF DORSET.

*Aggregate of Urban Districts.*

	0—		1—		5—		15—		25—		45—		65—		75—	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	—	—	—	—	—	—	—	—	3	3	7	1	1	—	1	—
2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
10	—	—	—	—	—	—	—	—	—	—	14	7	11	11	8	16
11	—	—	—	—	—	—	—	—	1	—	34	1	19	3	8	3
12	—	—	—	—	—	—	—	—	—	2	1	15	—	10	—	11
13	—	—	—	—	—	—	—	—	—	1	—	5	—	8	—	1
14	—	—	—	—	—	—	—	—	—	6	3	32	41	27	46	53
15	—	—	—	—	—	—	—	—	—	3	36	32	41	27	46	53
16	—	—	—	—	—	—	—	—	—	1	—	1	2	3	2	2
17	—	—	—	—	—	—	—	—	—	—	—	5	1	4	5	11
18	—	—	—	—	—	—	—	—	—	2	3	17	21	53	55	83
19	—	—	—	—	—	—	—	—	—	5	—	80	13	87	58	81
20	—	—	—	—	—	—	—	—	—	1	2	18	10	28	30	101
21	—	—	—	—	—	—	—	—	—	1	1	5	3	17	12	31
22	—	—	—	—	—	—	—	—	—	—	—	1	1	1	2	3
23	7	5	—	—	—	—	—	—	—	1	1	4	6	15	9	32
24	—	—	—	—	—	—	—	—	—	1	1	7	1	23	4	8
25	—	—	—	—	—	—	—	—	—	—	—	10	3	8	2	8
26	—	—	—	—	—	—	—	—	—	—	1	2	2	8	1	3
27	1	1	—	—	—	—	—	—	—	—	1	—	1	3	4	2
28	—	—	—	—	—	—	—	—	—	2	—	2	3	2	1	4
29	—	—	—	—	—	—	—	—	—	—	—	—	—	12	—	19
30	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
31	6	4	—	—	—	—	—	—	—	—	1	1	2	—	—	1
32	27	13	1	—	—	—	—	—	3	1	3	8	17	13	17	23
33	—	—	1	—	—	—	—	—	1	1	4	1	2	—	1	2
34	1	2	—	—	—	—	—	—	2	2	—	2	3	1	2	9
35	—	—	—	—	—	—	—	—	—	1	2	7	3	3	2	—
36	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—
42	42	26	3	2	2	4	9	8	32	30	270	157	361	281	492	669

TABLE 3 (*cont.*)

### *Aggregate of Rural Districts.*

TABLE 4—CAUSES OF DEATH AT ALL AGES

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
1	91	89	65	72	47	57	39	37	28	24
2	23	14	15	8	10	5	6	4	2	3
3	8	11	9	11	11	9	4	12	9	3
4	—	—	—	—	—	—	—	—	—	—
5	1	3	4	—	3	—	1	1	—	1
6	1	4	2	2	2	—	1	1	1	1
7	5	—	7	18	2	1	2	2	3	1
8	1	—	2	—	2	—	1	—	5	—
9	3	5	5	18	7	9	7	4	—	4
10	104	100	93	90	80	88	90	100	93	101
11	N.K.	N.K.	N.K.	68	71	93	83	82	107	101
12	59	48	65	50	67	64	69	69	50	60
13	22	31	29	34	29	20	28	20	23	24
14	310	346	370	348	306	323	373	341	339	380
15	N.K.	N.K.	N.K.	17	20	21	20	10	17	18
16	37	27	28	27	27	19	25	20	27	33
17	411	403	451	475	530	527	513	559	575	581
18				449	488	505	519	469	582	610
19	1,082	1,026	1,204	93	88	81	68	69	76	73
20				715	820	627	659	606	665	647
21	120	135	135	167	175	150	161	183	177	166
22	19	6	29	20	95	6	56	7	19	23
23	133	79	113	124	160	97	123	124	140	182
24	139	109	111	120	145	85	131	102	115	101
25	38	51	53	41	42	36	41	35	32	48
26	33	41	32	45	33	30	37	44	41	31
27	103	72	61	13	14	10	19	14	14	22
28	103	76	76	44	50	54	39	46	36	31
29	N.K.	N.K.	N.K.	42	53	47	39	36	29	44
30	6	4	2	3	3	4	5	3	1	2
31	86	81	47	32	36	33	21	27	31	29
32	344	295	341	357	329	322	305	279	333	309
33	37	33	25	40	31	23	30	26	31	32
34	66	57	58	66	64	53	55	73	94	69
35	33	33	27	20	36	35	40	41	27	31
36	N.K.	N.K.	N.K.	—	2	1	5	1	7	5

TABLE 5—NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Scarlet Fever ..	147	226	211	194	172	125	188	184	72	107
Whooping Cough ..	825	1,339	819	1,386	1,492	866	1,125	878	591	373
Diphtheria (including Membranous Croup) ..	11	4	3	1	—	1	—	1	—	—
Measles (excluding Rubella) ..	3,232	1,571	3,761	1,545	4,709	950	4,900	102	4,944	1,653
Acute Pneumonia (Primary or Influenza) ..	182	197	200	222	307	191	296	211	166	141
Meningococcal Infection ..	26	14	6	5	4	5	5	4	5	7
Acute Poliomyelitis ..	64	16	64	64	111	33	24	150	27	50
Acute Polioencephalitis ..	6	3	4	1	1	—	2	2	50	11
Acute Encephalitis ..	2	—	1	1	1	—	2	2	3	2
Dysentery ..	48	27	23	21	192	115	68	68	13	63
Ophthalmia Neonatorum ..	16	16	3	12	4	1	1	1	7	2
Fuerperal Pyrexia ..	29	38	21	25	44	80	76	58	65	60
Smallpox ..	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ..	—	1	2	1	3	3	3	1	16	1
Enteric or Typhoid Fever (excluding Paratyphoid) ..	—	6	—	—	1	—	2	—	—	—
Food Poisoning (excluding Dysentery, Typhoid and Paratyphoid) ..	Not Notifiable	—	88	74	34	18	23	35	63	191
Erysipelas ..	45	65	82	55	63	43	40	46	50	33
Malaria—Believed to be con- tracted in this country ..	—	1	—	—	—	—	—	—	—	—
Malaria—Believed to be con- tracted abroad ..	1	—	1	7	2	8	5	2	4	5
Malaria—Induced in Institutions ..	—	—	—	—	—	—	—	—	—	—

TABLE 6—ANTE-NATAL AND POST-NATAL CLINICS, 1956

Name of Clinic.	Average Attendance per session.	New Cases.		Attendances.		Total Attendances.	No. of Openings.
		Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.		
Blandford ..	2·4	11	3	47	5	52	22
Bridport ..	0·1	2	1	2	1	3	22
Dorchester ..	6·0	46	12	292	18	310	51
Wareham ..	1·2	8	7	20	7	27	23
Wimborne ..	6·6	26	10	141	12	153	23
<i>Poole Area</i>							
Old Town ..	3·5	19	11	31	11	42	12
*Branksome ..	14·9	322	—	1,058	—	1,058	71
*Burlea Towers ..	7·8	76	—	360	—	360	46
*Hamworthy ..	10·2	92	—	529	—	529	52
*Waterloo ..	12·3	136	—	630	—	630	51
*Wallisdown ..	13·3	54	—	227	—	227	17
TOTALS ..		792	44	3,337	54	3,391	390

\* Midwives' sessions.

TABLE 7—SUMMARY OF ANTE-NATAL AND POST-NATAL CLINICS, 1952—1956

Name of Clinic	1952			1953			1954			1955			1956		
	Total Attend- ances	No. of Openings	Average Attendance per Session												
Beaminster	40	12	3.3	37	12	3.0	9	14	0.64	10	23	0.43	—	—	—
Blandford	194	22	8.8	335	23	14.6	207	24	8.6	64	24	2.7	52	22	2.4
Bridport	27	22	1.2	38	21	1.8	20	20	1.0	6	22	0.27	3	22	0.1
Dorchester	517 13	71 7	7.2 1.8	467	68	6.9	454	69	6.6	555	52	10.7	310	51	6.0
Swanage	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Wareham ..	80	22	3.6	81	23	3.5	63	24	2.6	36	24	1.5	27	23	1.2
Wimborne	95	22	4.3	117	21	5.6	136	24	5.7	68	23	2.9	153	23	6.6
<i>Poole Area</i>															
Poole ..	131	36	3.6	115	12	9.6	82	12	6.8	71	12	5.9	42	12	3.5
*Branksome	165	34	4.8	36	12	3.0	22	8	2.7	—	—	—	1,058	71	14.9
*Burlea Towers	—	—	—	—	—	—	—	—	—	—	—	—	360	46	7.8
*Hamworthy	—	—	—	—	—	—	—	—	—	—	—	—	529	52	10.2
*Waterloo ..	—	—	—	—	—	—	—	—	—	—	—	—	630	51	12.3
*Wallisdown	—	—	—	—	—	—	—	—	—	—	—	—	227	17	13.3
<i>South Dorset Area</i>															
Weymouth ..	37	3	12.3	124	—	—	91	—	—	44	—	—	—	—	—
TOTALS ..	1,299	253	—	1,350	192	—	1,084	195	—	854	180	—	3,391	390	—

\* Midwives' sessions.

TABLE 8—ATTENDANCES AT WELFARE CENTRES DURING 1956

Centre.	Average Attendance per Session.	New Cases				Attendances				Number of Openings.	
		Born in			Under 1 year.	Under 1 year.	1—2 years.	2—5 years.	Totals.		
		1956	1955	1950-54							
Beaminster	18.0	26	25	33	84	27	243	94	102	439	24
Bere Regis	7.9	6	8	10	24	11	41	16	38	95	12
Blackdown	15.3	8	13	20	41	9	64	46	43	153	10
Blandford	19.5	40	26	27	93	51	287	74	108	469	24
Blandford Garrison	27.0	45	58	80	183	61	686	303	362	1,351	50
Bovington Camp	44.1	65	66	18	149	90	729	141	57	927	21
Bradford Abbas	19.0	23	11	14	48	30	282	75	44	401	21
Fridport	22.3	33	37	76	146	38	677	221	241	1,139	51
Charmouth	14.2	8	5	21	34	9	58	40	72	170	12
Dorchester	37.5	165	164	149	478	193	2,157	338	282	2,777	74
Ferndown	39.9	49	52	47	148	55	487	216	245	948	24
Gillingham	12.0	21	14	19	54	20	157	57	62	276	23
Handley	15.6	5	7	19	31	11	63	50	74	187	12
Lulworth Camp	14.8	8	9	11	28	11	81	49	33	163	11
Lyme Regis	11.1	11	15	19	45	16	132	64	49	245	22
Milton Abbas	5.8	5	14	17	36	12	36	16	18	70	12
Shaftesbury	19.2	31	36	22	89	41	337	45	79	461	24
Herbeme	48.5	88	88	154	330	104	1,358	662	456	2,476	51
Turminster Newton	18.5	27	16	22	65	37	285	64	77	426	23
Wanage	25.3	53	53	115	221	61	681	319	290	1,290	51
Tarrant Rushton	14.4	7	10	20	37	10	49	31	78	158	11
Upton	31.3	38	32	66	136	38	479	226	233	938	30
Verwood	21.6	28	20	44	92	39	251	127	140	518	24
Wareham	41.4	60	77	56	193	69	1,241	335	534	2,110	51
West Parley	10.7	12	7	3	22	12	39	21	4	64	6
Wimborne	40.2	65	45	70	180	73	1,148	489	411	2,048	51
Wool	30.7	29	32	37	98	33	377	202	158	737	24
<i>Poole Area.</i>											
Branksome	37.6	147	136	97	380	169	3,002	529	303	3,834	102
Broadstone	41.8	48	44	72	164	53	558	200	245	1,003	24
Canford Magna	20.9	11	9	31	51	14	78	56	117	251	12
Creekmoor	26.4	29	38	95	162	33	225	145	237	607	23
Hamworthy	30.0	64	58	70	192	78	936	299	295	1,530	51
Longfleet	36.7	46	40	63	149	57	530	184	167	881	24
Lower Parkstone	32.8	49	58	37	144	50	473	167	147	787	24
Newtown	25.9	57	46	66	169	73	791	175	251	1,217	47
Oakdale	51.5	62	54	104	220	74	729	231	276	1,236	24
Old Town	25.0	65	55	67	187	73	922	156	198	1,276	51
Rossmore	34.9	76	46	42	164	81	1,156	295	226	1,677	48
St. Aldhelm's	22.8	27	15	51	93	40	242	142	162	546	24
Vallisdown	41.2	65	60	80	205	77	581	210	197	988	24
Vaterloo	35.4	63	80	174	317	71	845	396	530	1,771	50
<i>South Dorset Area.</i>											
Broadwey	32.4	42	55	76	173	56	1,057	220	280	1,557	48
Chickerell	22.4	20	24	27	71	26	402	80	55	537	24
Lanehouse	25.0	39	27	22	88	58	483	70	48	601	24
Portland Tophill	39.8	65	55	135	255	73	1,277	447	463	2,187	55
Portland Underhill	56.5	82	72	138	292	89	1,912	572	452	2,936	52
Preston	9.5	12	14	53	79	17	263	92	131	486	51
Veymouth	37.9	239	169	97	505	246	3,011	539	396	3,946	104
Vyke Regis	37.9	130	140	159	429	152	2,749	670	447	3,866	102
<b>TOTALS</b>	..	2,394	2,235	2,945	7,574	2,821	34,647	10,196	9,913	54,756	1,737

## WELFARE CENTRES

TABLE 9—SUMMARY OF ATTENDANCES AT WELFARE CENTRES, 1952—1956

Name of Centre	1952			1953			1954			1955			1956		
	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session
Beaminster	534	24	22.2	572	24	23.8	619	24	25.8	667	24	27.8	439	24	18.0
Bere Regis	218	12	18.1	168	12	14.0	227	12	18.9	150	11	13.6	95	12	7.9
Blackdown	95	9	10.5	95	7	13.6	146	11	13.3	180	11	16.4	153	10	15.3
Blandford	832	24	34.6	929	24	38.7	749	24	31.2	606	24	25.2	469	24	19.5
Blandford Garrison	—	—	—	—	—	—	—	—	—	1,091	51	21.3	1,351	50	27.0
Bovington Camp	—	—	—	—	—	—	—	—	—	528	19	27.8	927	21	44.1
Bradford Abbas	—	—	—	—	—	—	—	—	—	—	—	—	401	21	—
Bridport	1,550	49	31.6	1,459	50	29.2	1,217	50	24.3	1,272	51	29.4	1,139	51	22.3
Charmouth	—	—	—	—	—	—	—	—	—	200	12	16.7	170	12	14.2
Dorchester	2,710	57	47.5	2,603	63	41.3	2,738	66	41.5	2,665	72	37.0	2,777	74	37.5
Ferndown	738	24	30.7	853	24	35.5	937	24	39.0	987	24	41.1	948	24	39.9
Gillingham	519	23	22.5	547	24	22.8	607	24	25.3	462	24	19.2	276	23	12.0
Handley	236	12	19.6	273	12	22.7	277	12	23.1	178	12	14.8	187	12	15.6
Lulworth Camp	—	—	—	—	—	—	—	—	—	138	9	15.3	163	11	14.8
Lyme Regis	223	24	9.2	299	25	11.9	364	24	15.2	264	24	11.0	245	22	11.1
Milton Abbas	172	24	7.1	142	17	8.3	157	12	13.1	103	12	8.6	90	12	5.8
Shaftesbury	255	24	10.6	326	23	14.2	358	24	14.9	527	24	21.9	461	24	19.2
Sherborne	1,097	53	20.6	1,383	51	27.1	1,801	51	35.3	2,436	52	46.8	2,476	51	48.5
Sturminster Newton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Newton	400	40	10.0	335	23	14.6	313	21	14.9	359	24	14.9	426	23	18.5
Swanage	1,169	50	23.3	1,078	50	21.6	1,097	50	21.9	1,455	51	28.3	1,290	51	25.3
Tarrant Rushton	—	—	—	—	—	—	—	—	—	227	12	19.0	158	11	14.4
Upton	948	22	43.0	1,102	23	47.9	889	23	38.6	1,057	24	44.0	938	30	31.3
Verwood	572	23	24.8	499	23	21.7	611	24	25.5	562	24	23.2	518	24	21.6
Wareham	2,353	50	47.0	2,153	52	41.4	2,340	51	45.9	2,300	53	44.5	2,110	51	41.4
West Parley	—	—	—	—	—	—	—	—	—	—	—	—	64	6	10.7
Wimborne	2,389	53	45.0	2,048	51	40.2	2,089	51	40.9	3,267	52	45.5	2,048	51	40.2
Wool	788	24	32.8	579	24	24.1	571	24	23.8	718	24	29.9	737	24	30.7
<i>Poole Area</i>															
Branksome	4,139	102	40.5	3,564	104	34.3	3,390	103	32.9	3,733	102	36.6	3,834	102	37.6
Broadstone	573	13	44.0	729	23	31.7	662	24	27.6	716	24	29.9	1,003	24	41.8
Canford Cliffs	151	11	13.7	—	—	—	—	—	—	—	—	—	—	—	—
Canford Magna	—	—	—	—	—	—	183	10	18.3	199	12	16.6	251	12	20.9
Creekmoor	400	12	33.3	948	24	39.5	563	24	23.5	801	23	34.8	607	23	26.4
Hamworthy	946	24	39.4	842	24	35.0	796	24	33.2	1,497	52	28.8	1,530	51	30.0
Longfleet	900	24	37.5	886	24	36.9	890	24	37.1	827	24	34.4	881	24	36.7
Lower Parkstone	734	24	30.5	605	24	29.4	612	24	25.5	699	24	29.0	787	24	32.8
Newtown	1,585	24	66.0	1,377	24	57.4	1,217	24	50.7	901	34	26.5	1,217	47	25.9
Oakdale	1,145	24	47.7	1,090	24	45.4	1,064	23	46.3	1,141	24	47.5	1,236	24	51.5
Old Town	1,817	52	34.9	1,619	53	30.5	1,400	51	27.4	1,296	53	24.4	1,276	51	25.0
Rossmore	1,466	48	30.5	1,285	49	26.2	1,377	48	28.6	1,559	48	32.5	1,677	48	34.9
St. Aldhelms	—	—	—	131	7	18.7	454	20	22.7	603	24	25.2	546	24	22.8
Wallisdown	940	23	40.8	696	23	30.3	840	24	35.0	888	24	37.0	988	24	41.2
Waterloo	—	—	—	107	3	35.6	2,049	28	73.2	2,005	50	40.1	1,771	50	35.4
<i>South Dorset Area</i>															
Broadwey	1,597	51	31.3	1,382	48	28.8	1,209	49	24.7	1,172	48	24.4	1,557	48	32.4
Chickerell	620	50	12.4	587	50	11.7	573	50	11.5	599	51	11.7	537	24	22.4
Lanehouse	—	—	—	—	—	—	—	—	—	—	—	—	601	24	25.0
Portland Tophill	2,226	50	44.5	2,111	50	42.2	2,257	51	44.3	2,370	51	46.5	2,187	55	39.8
Portland Underhill	1,823	53	34.3	2,440	51	47.8	2,651	52	51.0	2,673	51	52.4	2,936	52	56.5
Preston	675	52	12.9	657	52	12.6	460	52	8.8	324	51	6.4	486	51	9.5
Weymouth	4,938	104	47.4	4,408	101	43.6	4,033	103	39.2	4,179	100	41.8	3,946	104	37.9
Wyke Regis	2,056	52	39.5	2,284	52	43.9	2,495	52	48.0	2,933	51	57.5	3,866	102	37.9
<b>TOTALS</b>	46,529	1,414	—	45,191	1,412	—	47,282	1,462	—	52,674	1,641	—	54,756	1,737	—

TABLE 10—MIDWIFERY NURSING STAFF, 1952—1956

Staff	1952		1953		1954		1955		1956	
	Full-time	Part-time								
Administrative .. . . .	—	4	—	4	—	4	—	4	—	4
Queen's Nurse, State Certified Midwife .. .	—	40	—	39	—	40	—	41	—	41
State Registered Nurse, State Certified Midwife .. .	11	5	11	4	11	4	11	4	12	4
State Certified Midwife .. . .	2	9	2	9	2	10	1	7	—	6
Equivalent whole-time midwifery nursing staff (omitting administrative staff) .. .	40		39		39.5		37.5		38.0	
Midwifery training completed in conjunction with the West Dorset Group Hospital Management Committee, arranged through Dorset County Nursing Association .. .	15		14		22		15		20	

TABLE 11—DETAILS OF MIDWIVES PRACTISING IN THE AREA OF THE LOCAL SUPERVISING AUTHORITY AT THE END OF EACH YEAR FROM 1952—1956

	Domiciliary Midwives					Midwives in Institutions					Totals				
	1952	1953	1954	1955	1956	1952	1953	1954	1955	1956	1952	1953	1954	1955	1956
Midwives employed by the Authority ..	13	13	13	12	14	—	—	—	—	—	13	13	13	12	14
Midwives employed by Voluntary Organisations:															
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946 .. ..	54	52	53	52	53	—	—	—	—	—	54	52	53	52	53
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act .. ..	—	—	—	—	—	53	53	53	54	48	53	53	53	54	48
Midwives in Private practice (including Midwives employed in Nursing Homes) ..	7	20	6	6	3	4	4	4	4	4	11	24	10	10	7
TOTALS ..	74	85	72	70	70	57	57	57	58	52	131	142	129	128	122

TABLE 12—SUMMARY OF MIDWIFERY CASES ATTENDED, 1952—1956

Cases attended by midwives in the employment of :—			1952	1953	1954	1955	1956
The County Council:	Domiciliary	{ Midwifery Maternity	496 210	405 163	569 194	639 187	696 130
The County Nursing Association:	Domiciliary	{ Midwifery Maternity	583 243	618 280	556 239	523 250	488 276
	Institutional	{ Midwifery Maternity	— —	— —	— —	— —	— —
Hospitals:	Domiciliary	{ Midwifery Maternity	— —	— —	— —	— —	— —
	Institutional	{ Midwifery Maternity	1,278 1,238	1,692 818	1,802 664	1,765 586	1,752 649
Midwives in Private Practice (including midwives employed in Nursing Homes):	Domiciliary	{ Midwifery Maternity	— 32	— 34	7 19	5 22	— 12
	Institutional	{ Midwifery Maternity	33 31	46 24	36 21	37 22	38 10
<b>TOTALS</b>			..	..	4,144	4,080	4,107
						4,036	4,051

TABLE 13—HEALTH VISITING STAFF, 1952—1956

Employed by (1)	Number of Health Visitors employed at end of year										Equivalent Whole-time Health Visiting services provided under Col. (3) (in classes including attendance at Child Welfare Centres)				
	Whole-time on Health Visiting (2)					Part-time on Health Visiting (3)									
	1952	1953	1954	1955	1956	1952	1953	1954	1955	1956	1952	1953	1954	1955	1956
Local Health Authority	—	—	—	2	2	32	33	33	33	37	23 <sup>3</sup> <sub>11</sub>	23 <sup>7</sup> <sub>22</sub>	23 <sup>7</sup> <sub>22</sub>	26 <sup>4</sup> <sub>11</sub>	2
Voluntary Organisations	—	—	—	—	—	3	3	3	3	3	1	1	1	1	1

TABLE 14—NUMBER OF CHILDREN AT 31.12.56 WHO HAD COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION  
AT ANY TIME BEFORE THAT DATE

	Children under 5 years of age at 31.12.56						Estimated mid-year population, 1956, Children 0—4 years	Children 5—15 years of age at 31.12.56			Estimated mid-year population, 1956, Children 5—15 years	Total Number of Children under 15 years immunised
	Under 1	1	2	3	4	Totals		5—9	10—14	Totals		
Worster R.D.	21	99	98	86	81	385		554	514	1,068		1,453
Worford B.	13	38	43	47	36	177		331	204	535		712
Worford R.D.	19	94	133	152	120	518		822	541	1,363		1,881
Worlton B.	11	54	72	84	87	308		495	465	960		1,268
Wort R.D.	11	46	44	80	69	250		510	396	906		1,156
Wester B.	16	80	82	105	85	368		837	398	1,235		1,603
Wester R.D.	21	122	155	175	169	642		1,149	618	1,767		2,409
West Regis B.	8	19	35	19	15	96		199	191	390		486
Wesbury B.	6	21	19	22	17	85		201	183	384		469
Wesbury R.D.	24	94	106	104	96	424		711	677	1,388		1,812
Werne U.D.	11	63	67	82	67	290		474	421	895		1,185
Werne R.D.	17	47	61	57	50	232		534	503	1,037		1,269
Winstanley R.D.	6	69	89	96	87	347		731	489	1,220		1,567
Wigton U.D.	8	42	59	52	57	218		405	431	836		1,054
Wimbleton B.	11	36	46	44	46	183		269	192	461		644
Wimbleton R.D.	26	173	195	216	199	809		1,392	1,321	2,713		3,522
Worme U.D.	9	34	46	45	48	182		282	189	471		653
Worme R.D.	43	190	208	234	208	883		1,527	1,164	2,691		3,574
Woolton B.	140	602	786	834	834	3,196		6,437	5,170	11,607		14,803
Wouth B.	63	377	323	384	391	1,538		3,243	3,240	6,483		8,021
Woolton U.D.	28	122	141	128	121	540		782	593	1,375		1,915
TOTALS	512	2,422	2,808	3,046	2,883	11,671		21,885	17,900	39,785		51,456

Percentage of children under 5 years immunised .. .. 54.79  
 Percentage of children aged 5—15 years immunised .. .. 85.37  
 Percentage of total number of children under 15 years of age immunised 75.78

TABLE 15—DIPHTHERIA IMMUNISATION, 1952—1956  
(at 31st December of the particular year)

Children under 5 years						Estimated mid-year population Children 0—4 years	Children 5—15 years			Estimated population mid-year Children 5—15 years	Total number of children under 15 years immunised	Percent-age Immunised
Under 1	1	2	3	4	Totals		5—9	10—14	Totals			
149	2,374	3,123	3,394	4,942	13,982	22,100	20,085	14,779	34,864	41,800	48,846	76.44
112	1,972	2,867	3,239	3,443	11,633	21,500	21,791	15,885	37,676	43,200	49,309	76.21
253	2,415	2,685	3,017	3,306	11,676	21,400	22,003	16,522	38,525	44,600	50,201	76.06
318	2,230	2,923	2,815	3,104	11,390	21,300	22,131	17,072	39,203	45,200	50,593	76.07
512	2,422	2,808	3,046	2,883	11,671	21,300	21,885	17,900	39,785	46,600	51,456	75.78

TABLE 16—THE NUMBER OF CHILDREN WHO RECEIVED RE-INFORCING DOSES FOR DIPHTHERIA  
IMMUNISATION, 1952—1956

Year	Age		Totals <i>under 15 years</i>
	1—4 years	5—14 years	
1952	60	4,773	4,833
1953	88	4,376	4,464
1954	98	5,039	5,137
1955	125	4,768	4,893
1956	141	5,417	5,558

TABLE 17—CHILDREN VACCINATED AGAINST SMALLPOX DURING 1956

District	Age						Totals	
	Under 1 year	1—4 years		5—14 years		15 years or over		
		P	R	P	R	P	R	
Beaminster Rural District ..	..	58	29	—	—	3	2	89
Blandford Borough ..	..	25	14	2	3	2	3	45
Blandford Rural District ..	..	62	68	11	22	44	20	45
Bridport Borough ..	..	39	11	—	—	2	3	53
Bridport Rural District ..	..	35	17	—	1	1	3	56
Dorchester Borough ..	..	46	38	—	3	3	5	92
Dorchester Rural District ..	..	61	77	—	2	4	2	142
Lyme Regis Borough ..	..	8	19	1	2	9	7	36
Shaftesbury Borough ..	..	11	11	1	—	1	1	23
Shaftesbury Rural District ..	..	45	41	1	5	1	2	93
Sherborne Urban District ..	..	21	26	1	6	7	—	53
Sherborne Rural District ..	..	34	25	—	—	—	1	22
Sturminster Rural District ..	..	16	47	—	5	3	3	71
Swanage Urban District ..	..	11	10	—	2	5	2	25
Wareham Borough ..	..	3	11	—	—	—	—	14
Wareham Rural District ..	..	64	117	5	15	34	3	199
Wimborne Urban District ..	..	26	18	—	2	1	1	47
Wimborne Rural District ..	..	102	83	2	2	10	15	202
Poole Borough ..	..	251	389	2	48	16	32	720
Weymouth Borough ..	..	172	137	1	9	—	7	325
Portland Urban District ..	..	44	38	—	1	1	—	1
TOTALS ..	..	1,134	1,226	27	128	147	113	2,601
							223	397

P—Primary Vaccination.

R—Re-Vaccination.

TABLE 18—SMALLPOX VACCINATION, 1952—1956

Year	Age								Totals	
	Under 1 year		1—4 years		5—14 years		15 or over			
	P	R	P	R	P	R	P	R	P	R
1952	889	—	876	77	195	246	315	879	2,275	1,746
1953	765	—	1,031	46	97	135	194	463	2,087	1,202
1954	925	—	1,049	41	120	113	18	24	2,112	644
1955	913	—	1,157	49	116	145	16	34	2,202	228
1956	1,134	—	1,226	27	128	147	1,113	223	2,601	397

P—Primary Vaccination.

R—Re-Vaccination.

ITEM	PATIENTS CARRIED										MILEAGE	JOURNEYS	TOTAL
	Blandford	Bridport	Charmouth	Dorchester	Ferndown	Gillingham	Lympne Regis	Shaftesbury	Sturminster Newton	Swanage			
Emergency													
Maternity ..	43	99	1	158	33	8	25	201	9	33	9	15	44
Road Accident ..	39	19	4	120	28	21	18	226	49	39	14	15	52
Other Emergency ..	33	188	4	126	16	13	9	535	24	45	14	63	54
TOTAL EMERGENCY ..	115	306	9	404	77	42	52	962	82	117	37	93	150
Hospital Admissions ..	157	326	92	710	266	121	141	1,465	171	306	67	196	236
Hospital Discharges ..	44	134	9	461	79	—	12	1,200	14	64	8	145	196
Inter-Hospital Transfers ..	29	78	—	333	83	4	6	1,277	53	46	4	76	183
Out-Patient Attendances:—													
Physiotherapy ..	25	882	—	1,863	11	10	711	—	245	—	4	58	3,620
Other ..	177	1,201	56	3,009	191	108	9,161	45	606	16	368	687	2,934
Corpses ..	—	—	3	1	9	—	—	—	21	1	3	3	1
Occupation Centre Attendances ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Other patients ..	32	89	1	68	9	—	3	1,648	19	13	5	11	45
TOTAL ROUTINE ..	464	2,713	159	6,453	711	316	280	27471	303	1,283	100	803	1,406
TOTAL PATIENTS ..	579	3,019	168	6,857	788	358	332	28443	385	1,400	137	896	1,556
Patient Carrying ..	377	1,691	128	4,261	428	250	240	5,767	330	752	103	522	469
Occupation Centres ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Journeys ..	15	96	4	151	40	8	2	205	3	37	2	7	15
TOTAL JOURNEYS ..	392	1,787	132	4,412	468	258	242	6,813	333	789	105	529	484
Patient Carrying ..	13373	28928	4,688	77341	13710	10560	6,530	89003	8,005	19316	4,739	12349	20026
Occupation Centres ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Mileage ..	340	890	42	981	555	73	22	1,858	19	598	48	53	277
TOTAL MILEAGE ..	14013	29818	4,730	78322	14265	10633	6,552	105579	8,024	19914	4,787	12402	20303
Night Journeys (between 1800 0900 hours) ..	75	195	13	387	82	56	49	861	53	100	14	65	58
Stretcher Cases ..	293	615	87	1,651	573	149	189	5,251	322	399	90	552	854
Sitting Cases ..	286	2,404	81	5,206	215	209	143	23182	63	1,001	47	344	702
* Patients Per Journey ..	1·54	1·79	1·31	1·61	1·84	1·43	1·38	2·85	1·17	1·98	1·33	1·70	3·33
* Miles Per Patient ..	23·61	9·58	27·90	11·28	17·4	29·5	19·7	5·41	21·03	13·8	34·59	13·78	12·87
												7·10	16·63
												81	2,889

\* Excluding mental defectives

TABLE 20—HOSPITAL CAR SERVICE STATISTICS, 1956

ITEM	AREA										To
	Blandford	Bridport	Dorchester	Gillingham	Poole.	Shaftesbury	Sherborne.	Wareham.	Weymouth.	Wimborne.	
Hospital Admissions ..	79	67	37	46	197	52	14	39	44	55	
Hospital Discharges ..	32	86	36	4	290	59	10	94	89	80	
Inter-Hospital Transfers ..	4	15	15	2	46	4	3	3	5	10	
Out-Patient Attendances:—											
Physiotherapy ..	1,198	1,734	1,874	685	6,815	437	40	2,974	4,196	3,710	23
Other ..	2,739	1,982	1,902	1,131	6,648	669	446	2,542	1,722	3,498	23
Occupation Centre Attendances	—	—	—	—	2,973	—	1,808	2	—	—	4
Education, Immunisation, Social Services ..	436	253	329	80	393	149	238	199	4	350	2
Other Patients ..	51	49	10	9	25	4	2	30	8	14	
TOTAL PATIENTS ..	4,539	4,186	4,203	1,957	17,387	1,374	2,561	5,883	6,068	7,717	55
NUMBER OF JOURNEYS											
Patient Carrying (excluding occupation centre journeys)	1,831	1,755	1,624	744	2,672	682	321	1,943	1,887	2,913	16
Occupation Centre Journeys ..	—	—	—	—	818	—	380	1	—	—	1
Other Journeys ..	47	36	31	8	15	4	7	30	24	42	
TOTAL JOURNEYS ..	1,878	1,791	1,655	752	3,505	686	708	1,974	1,911	2,955	17
MILEAGE											
Patient Carrying (excluding occupation centre mileage)	68,654	56,147	39,673	28,829	84,249	15,027	10,205	72,751	37,947	69,308	482
Occupation Centre Mileage ..	—	—	—	—	9,508	—	6,150	114	—	—	15
Other Mileage ..	512	558	308	109	114	26	79	339	210	292	2
TOTAL MILEAGE ..	69,166	56,705	39,981	28,938	93,871	15,053	16,434	73,204	38,157	69,600	501
*Patients Per Journey ..	2.47	2.39	2.59	2.63	5.39	2.01	2.34	3.03	3.22	2.63	
*Miles Per Patient ..	15.13	13.41	9.44	14.73	5.84	10.94	13.55	12.37	6.25	8.98	

\* Excluding mental defectives

TABLE 21—DOMESTIC HELP SERVICE, 1956

	<i>Beaminster</i>	<i>Blandford</i>	<i>Bridport</i>	<i>Dorchester</i>	<i>Lyne Regis</i>	<i>Shaftesbury</i>	<i>Sherborne</i>	<i>Sturminster</i>	<i>Swanage</i>	<i>Wareham</i>	<i>Wimborne</i>	<i>TOTAL</i>	<i>Pool</i>	<i>South Dorset</i>	<i>TOTAL</i>	
<i>Cases</i>																
Old	..	—	18	26	13	—	31	5	22	8	16	37	176	88	83	347
New	..	4	32	27	25	—	14	6	15	4	16	39	182	210	97	489
<i>Totals</i>		4	50	53	38	—	45	11	37	12	32	76	358	298	180	836
<i>Types of Cases</i>																
Maternity—																
Old	..	—	—	—	—	—	—	—	—	1	1	2	4	1	1	6
New	..	2	6	8	2	—	2	2	2	—	4	15	43	63	14	120
Old Age—																
Old	..	—	14	19	12	—	22	3	20	1	12	31	134	45	72	251
New	..	1	16	11	17	—	7	2	9	2	9	18	92	71	54	217
Long-term Illness—																
Old	..	—	3	6	—	—	9	2	1	6	2	3	32	30	7	69
New	..	1	3	4	4	—	2	1	4	2	2	4	27	24	9	60
Short-term Illness—																
Old	..	—	—	1	1	—	—	—	—	—	—	—	2	9	2	13
New	..	—	7	3	2	—	3	—	—	—	1	2	18	51	19	88
Tuberculosis—																
Old	..	—	1	—	—	—	—	1	—	—	1	1	4	3	1	8
New	..	—	—	1	—	—	—	—	—	—	—	—	2	1	1	4
<i>Helps</i>																
Full-time	..	—	—	—	—	—	—	—	—	1	—	—	1	1	2	4
Part-time	..	—	4	4	2	—	3	2	4	—	4	5	28	10	21	59
Spare-time	..	1	8	4	9	—	12	2	9	1	6	10	62	35	1	98
<i>Totals</i>		1	12	8	11	—	15	4	13	2	10	15	91	46	24	161
<i>Hours</i>																
Worked	..	309	9,754	7,414	6,273	—	9,973	2,903	7,856	1,650	6,791	12,530	66,463	31,937	21,894	120,294
Travelled	..	53	1,357	524	803	—	1,269	143	1,039	475	1,980	2,315	8,948	1,333	2,062	12,343
Waiting	..	—	86	56	30	—	46	3	44	481	10	22	778	—	260	*1,038
Sickness	..	—	36	66	4	—	57	—	140	49	—	71	423	975	941	2,339
Holiday	..	—	105	161	78	—	97	27	143	72	131	138	952	532	1,115	2,599
<i>Totals</i>		362	11,338	8,221	7,188	—	11,442	3,076	9,222	2,727	8,912	15,076	77,564	34,777	26,272	138,613

\*Including 220 hours on training course.

TABLE 22—PERSONS RESIDENT ON 31ST DECEMBER, 1956  
IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT, 1948

Persons (exclusive of staff) residing in:				Description of persons		Totals of Cols. 1—4 5	No. of persons included in cols. 1—4 for whose maintenance other local authorities are responsible 6	No. of persons (not included in cols. 1—4) accommodated by other local authorities for whose maintenance Council is responsible 7
Former Workhouses Owned by the Council 1	Vested in the Minister as hospitals 2	Other premises managed by the Council 3	Accommodation provided on behalf of the Council by voluntary organisations 4	M	F			
25 14	12 14	28 47	19 36	M	1. Aged but not materially handicapped by infirmity	M F 84 111	1 2	1 6
59 86	4 3	15 29	1 —	M F	2. Aged and physically or mentally handicapped	M F 79 118	1 —	— —
8 6	— —	7 21	2 2	M F	3. Blind	M F 17 29	— —	1 1
2 2	1 2	4 12	— 1	M F	4. Deaf or Dumb	M F 7 17	— —	— —
7 8	— 2	— 2	2 2	M F	5. Epileptic	M F 9 14	— —	— —
2 3	3 1	11 14	— —	M F	6. Crippled	M F 16 18	— —	— —
3 3	— —	2 7	1 1	M F	7. Physically infirm (not being aged)	M F 6 11	— —	— —
14 11	1 —	4 1	— —	M F	8. Mentally infirm (not being aged)	M F 19 12	1 2	1 1
120 133	21 22	71 133	25 42	M F	9. Total of items 1 to 8	M F 237 330	3 4	3 8
—	—	—	—		10. Children accompanied by persons over 16	—	—	—
—	—	—	—		11. Children accommodated under the Children Act, 1948	—	—	—
—	—	—	—		12. Total of items 10 and 11	—	—	—
253	43	204	67		13. GRAND TOTAL of ITEMS 9 and 12	567	7	11

TABLE 23—AGE GROUPS OF RESIDENTS IN COUNTY ESTABLISHMENTS AND VOLUNTARY HOMES  
AS AT 31ST DECEMBER, 1956

Establishment	Men		Men		Men		Men		Men		Men		GRAND TOTAL
	Women		Women		Women		Women		Women		Women		
	21—40	41—50	51—60	61—70	71—80	Over 80	Totals						
Stoke Water House, Beaminster . . .	—	—	3 3	6 1	13 11	22 17	13 10	57 42	99				
Stour View House, Sturminster Newton . . .	—	—	2 —	3 7	4 10	12 32	12 17	33 66	99				
Christmas Close, Wareham . . .	—	—	— —	2 2	7 6	14 10	7 7	30 25	55				
St. Mary's Block, Poole . . .	1 —	— 2	3 2	8 5	9 10	— 3	21 22	43					
Maiden Castle House, Dorchester . . .	—	—	— 1	1 1	2 4	3 9	6 14	12 29	41				
'The Lawns', Weymouth . . .	—	—	— —	— —	1 4	6 5	9 13	16 22	38				
Castleman House, Blandford . . .	—	—	— —	3 1	3 1	8 7	7 18	21 27	48				
Belmont Court, Parkstone . . .	—	—	— —	— 4	1 —	5 6	1 5	7 15	22				
James Day Home, Swanage . . .	—	—	— —	— —	1 1	4 8	5 12	10 22	32				
St. Martin's, Gillingham . . .	—	—	— —	— —	1 —	3 9	2 6	5 18	23				
Bournemouth Old People's Homes . . .	—	—	— —	— —	1 1	7 13	1 9	9 23	32				
Poole Old People's Homes . . .	—	—	— —	— —	— —	2 4	2 1	4 5	9				
Charter House, Swanage . . .	—	—	— —	— —	— —	1 3	1 1	2 4	6				
National Spastics Society . . .	1 1	— —	— —	— —	— —	— —	— —	1 1	2				
The Meath Home, Godalming . . .	—	—	— —	— 1	— —	— —	— —	— 1	1				
Chalfont Epileptic Colony . . .	—	—	— —	1 —	— —	— —	— —	— 1	1				
Maghull Epileptic Home, Liverpool . . .	—	—	1 1	— —	— —	— —	— —	— —	1 1				
Westcliffe House, Westgate-on-Sea . . .	—	—	— —	— —	— —	— —	— —	— 1	1				
Royal School for the Blind, Leatherhead . . .	1 —	— —	— —	— —	— —	— —	— —	— —	1 —				
Torr Home for the Blind, Plymouth . . .	—	—	— —	1 —	— —	— 1	— —	— —	1 1				
St. Mary's Home for the Elderly, Brighton . . .	—	—	— —	— —	— 1	— —	— —	— —	— 1				
Hampshire Old People's Housing and Welfare Society . . . . .	—	—	— —	— —	— —	1 —	— —	— —	1 —				
Royal Naval Benevolent Trust, Chatham . . .	—	—	— —	— —	2 —	— —	— —	— —	2 —				
Salvation Army Eventide Home, Godalming . . .	—	—	— —	— —	— —	— —	— —	1 —	— 1				
Salvation Army Home, Tunbridge Wells . . .	—	—	— —	— —	— —	— —	— —	1 1	1 1				
British Legion Home, Westgate-on-Sea . . .	—	—	1 —	— —	— —	— —	— —	— —	1 —				
Royal Agricultural Benevolent Trust, S.W.1 . . .	—	—	— —	— —	— —	— —	— —	— 1	— 1				
Poole Mead Home for Deaf Women, Bath . . .	—	—	— 1	— —	— —	— —	— —	— —	— 1				
Totals . . . . .	3 1	7 8	20 21	43 46	97 134	67 120	237 330			567			
	4	15	41	89	231	187	567						

TABLE 24—PERSONS ACCOMMODATED ON 31ST DECEMBER, 1956, IN HOMES UNDER THE CONTROL OF VOLUNTARY ORGANISATIONS

Name of Organisation or Home	Places Provided		
	Men	Women	Total
<i>In-County:</i>			
Bournemouth Old People's Welfare and Housing Society Ltd.	..	..	9 32
Poole Old People's Welfare and Housing Society Ltd.	..	..	4 5 9
British Red Cross, Charter House, Swanage	..	..	2 4 6
<i>Out-County:</i>			
<i>Blind Persons:</i>			
Westcliffe House, Westgate-on-Sea, Kent	..	..	— 1 1
Royal School for the Blind, Leatherhead	..	..	— 1 1
Torr Home for the Blind, Plymouth	..	..	1 1 2
<i>Epileptics:</i>			
The Meath Home for Epileptics, Godalming	..	..	— 1 1
Chalfont Epileptic Colony, Chalfont St. Peter	..	..	— 1 1
Maghull Home for Epileptics, Liverpool	..	..	1 1 2
<i>Others:</i>			
National Spastics Society	..	..	1 1 2
Hampshire Old People's Housing and Welfare Society	..	..	1 — 1
Royal Naval Benevolent Trust, Chatham, Kent	..	..	2 — 2
Salvation Army Eventide Home, Godalming, Surrey	..	..	— 1 1
Salvation Army Home, Tunbridge Wells, Kent	..	..	1 1 2
British Legion Home, Westgate-on-Sea	..	..	1 — 1
Royal Agricultural Benevolent Trust, London, S.W.1	..	..	— 1 1
Poole Mead Home for Deaf Women, Bath	..	..	— 1 1
St Mary's Home for the Elderly, Brighton	..	..	— 1 1
Totals	..	..	25 42 67

TABLE 25—WELFARE OF THE BLIND—REGISTRATION

## Age Periods of Registered Blind Persons

	0—4	5—10	11—15	16—20	21—30	31—39	40—49	50—59	60—64	65—69	70 and over	Totals
Male	2	3	8	7	16	12	24	33	22	27	164	318
Female	2	3	—	—	9	7	11	39	28	34	269	402
Totals	4	6	8	7	25	19	35	72	50	61	433	720

## Age at onset of Blindness

	0—4	5—10	11—15	16—20	21—30	31—39	40—49	50—59	60—64	65—69	70 and over	Unknown	Totals
Male	39	10	8	8	25	23	18	33	28	21	105	—	318
Female	28	7	3	8	11	9	26	50	39	28	192	1	402
Totals	67	17	11	16	36	32	44	83	67	49	297	1	720

## Children, age under 16

Under 2	2—4 plus				5—15 plus								Totals	
	Educable		Ineducable		Educable				Ineducable					
	Attending Nursery Schools including Sunshine Homes	In Other Residential Homes	At Home or Elsewhere	At Home or Elsewhere	Attending Special Schools for the Blind	Attending Other Schools	No Other Defects	With Other Defects	Not at School	In Mental Deficiency Institutions	At Home or Elsewhere	With Multiple Defects		
Male	—	1	—	1	—	4	1	—	—	—	—	—	13	
Female	—	1	—	1	—	1	—	1	—	—	—	—	5	
Totals	—	2	—	2	—	5	1	1	—	—	—	—	18	

## Education, Training and Employment. Age periods, 16 years and upwards

work for blind (i)	Employed				Undergoing Training				Not Employed				Grand Total (i.e. total of columns (d)–(n)) and At School 16–20)	No. of persons registered under the Disabled Persons (Employment) Act, 1944, included in Col. (o)									
	In Home Workers Schemes for the Blind (b)		Otherwise than in (a) or (b) (c)		Total Employed		Unemployed but capable of and available for work—		Not available for work		Not capable of work												
	50—59	16—20	21—39	40—49	50—59	60—64	65 and over	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)					
1	3	3	1	1	2	12	8	4	5	5	46	1	—	—	—	—	—	—	—	—	—		
1	5	1	1	—	—	1	—	2	13	1	—	—	—	—	—	—	—	—	—	—	—		
1	8	4	2	1	2	1	13	8	6	5	7	59	2	—	—	2	2	—	1	45	25	62	
																			14	7	39	9	
																			16—59	60—64	65 and over	184	
																			31	18	23	10	
																			45	25	62	19	
																			485	702	44	305	
																			(o)	(p)	34	397	10

Table 25 continued

*Occupations of Employed Blind Persons (included in Col. (d) above)*

*Physically and Mentally Defective and Mentally Disordered—all ages*

	<i>Mentally Disordered</i>	<i>Mentally Defective</i>	<i>Physically Defective</i>	<i>Deaf without Speech</i>	<i>Deaf with Speech</i>	<i>Hard of Hearing</i>	<i>Mentally Disordered and Physically Defective</i>	<i>Mentally Disordered and Deaf without Speech</i>	<i>Mentally Disordered and Deaf with Speech</i>	<i>Mentally Disordered and Hard of Hearing</i>	<i>Mentally Defective and Physically Defective</i>	<i>Mentally Defective and Deaf without Speech</i>	<i>Mentally Defective and Deaf with Speech</i>	<i>Mentally Defective and Hard of Hearing</i>	<i>Physically Defective and Deaf without Speech</i>	<i>Physically Defective and Deaf with Speech</i>	<i>Physically Defective and Hard of Hearing</i>	<i>Not included in either (a), (b), (c), (d), (e) or (f) combination of</i>	<i>Tot.</i>
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)		
Male	1	7	58	—	2	7	—	1	—	2	—	—	—	—	1	1	—	82	
Female	—	2	70	1	8	16	—	—	—	—	—	—	—	—	2	—	6	105	
Totals	1	9	128	1	10	23	—	1	—	2	2	—	—	3	1	6	187		

*Blind Persons age 16 and upwards (excluding those in Hostels for workers)—resident in*

	Residential Accommodation provided under Part III of the 1948 Act, viz.: Section 21		Residential Homes (other than part III)	Mental Hospitals	Mental Deficiency Institutions	Other Hospitals	Totals
	Homes for the Blind	Other Homes					
Male	7	10	1	4	5	12	39
Female	17	13	3	—	2	21	56
Totals	24	23	4	4	7	33	95

*continued*

Blind Persons Registered as New Cases (excluding recertifications and transfers from other areas) during the year—age at date of registration

	0-4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Total
—	—	—	—	1	1	—	1	2	2	2	28	37
e	—	—	—	—	1	—	1	4	4	5	57	72
—	—	—	—	1	2	—	2	6	6	7	85	109

Blind Persons Registered as New Cases (excluding recertifications and transfers from other areas) during the year—age at onset of Blindness

	0-4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Total
—	—	—	1	—	1	—	1	2	2	2	28	37
—	—	—	—	—	1	—	2	4	5	4	56	72
—	—	—	1	—	2	—	3	6	7	6	84	109

#### Number of home Teachers engaged in the area

Certificated		Uncertificated			Grand Total
Sighted	Blind	Total	Sighted	Blind	
—	—	—	—	—	—
5	—	5	—	—	5
5	—	5	—	—	5

#### Miscellaneous Information—Number of

Social Centres	7
Handicraft Classes	2
Special Classes and Socials for the Deaf-Blind	—
Persons newly employed in open industry during year	1
Persons discharged from open industry during year	—
St. Dunstaners	13



TABLE 26—REGISTRATION OF PARTIALLY SIGHTED PERSONS

## Total Number on Register—Age Groups and Sex

0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Totals
—	—	4	2	4	4	12	26
—	—	3	3	9	15	52	82
—	—	7	5	13	19	64	108

Cases newly registered (excluding recertifications and transfers from other Areas)  
Age at Date of Registration

0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Totals
—	—	2	—	1	1	2	6
—	—	2	—	—	—	3	13
—	—	4	—	1	4	15	24

Removals from Register during the year for reasons set out below

## (a) On Admission to Blind Register

0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Totals
—	—	—	—	2	—	1	3
—	—	—	—	—	—	2	2
—	—	—	—	2	—	3	5

## (b) On Decertification due to Improved Visual Acuity

0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Totals
—	—	1	—	—	—	—	1
—	—	—	—	—	—	—	—
—	—	1	—	—	—	—	1

## Class A—Persons Near and Prospectively Blind (age 16 and over)

## Employed

## Undergoing Training

## Unemployed—Not under Training

## Available for and capable of training or work

## Not available for or not capable of work

## Totals—Class A

16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals				
ales	—	—	—	—	—	—	—	—	1	—	—	1	—	—	3	11	14	—	1	3	11	15	
emales	—	—	1	—	1	—	—	—	—	1	—	—	1	1	2	8	45	56	1	3	9	45	58
totals	—	—	1	—	1	—	—	—	—	2	—	—	2	1	2	11	56	70	1	4	12	56	73

## Class B—Persons mainly Industrially Handicapped (age 16 and over)

## Employed

## Undergoing Training

## Unemployed—Not under Training

## Available for and capable of training or work

## Not available for work

## Totals—Class B

16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals
ales	1	—	—	1	—	—	—	—	1	—	1	—	1	—	1	1	1	1	3
emales	1	1	—	—	2	1	—	—	1	—	—	—	—	2	—	2	2	3	5
totals	2	1	—	—	3	1	—	—	1	—	—	1	—	3	—	3	3	4	8

## Class C—Persons requiring Observation only (Age 16 and over)

## Class D—Children Age 5 and under 16

## Educable

## Ineducable

## Totals

## Children Age 16 and over still at School

## Persons Registered under the Disabled Persons (Employment) Act, 1944

16-20	21-49	50-64	65 and over	Totals	Attending Special Schools	Attending other Schools	Not at School			16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals
Males	1	2	—	1	4	2	2	—	—	—	—	—	—	4	—	—	—	5	
Females	—	3	6	7	16	—	3	—	—	—	—	—	3	—	—	—	—	1	
Totals	1	5	6	8	20	2	5	—	—	—	—	—	7	—	—	—	—	6	



TABLE 26—REGISTRATION OF PARTIALLY SIGHTED PERSONS

Total Number on Register—Age Groups and Sex								Cases newly registered (excluding recertifications and transfers from other Areas) Age at Date of Registration							
0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Totals	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Totals
Males	—	—	4	2	4	4	26	—	—	2	—	1	1	2	6
Females	—	—	3	3	9	15	82	—	—	2	—	—	3	13	18
Totals	—	—	7	5	13	19	108	—	—	4	—	1	4	15	24

Removals from Register during the year for reasons set out below

## (a) On Admission to Blind Register

0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Totals
Males	—	—	—	2	—	1	3
Females	—	—	—	—	—	2	2
Totals	—	—	—	2	—	3	5

## (b) On Decertification due to Improved Visual Acuity

0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Totals
—	—	1	—	—	—	—	1
—	—	—	—	—	—	—	—
—	—	—	—	1	—	—	1

## Class A—Persons Near and Prospectively Blind (age 16 and over)

Employed								Undergoing Training								Unemployed—Not under Training								Totals—Class A			
16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals			
Males	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	3	11	14	—	1	3	11	15	—		
Females	—	—	1	—	1	—	—	—	—	—	1	—	—	1	1	2	8	45	56	1	3	9	45	58	—		
Totals	—	—	1	—	1	—	—	—	—	—	2	—	—	2	1	2	11	56	70	1	4	12	56	73	—		

## Class B—Persons mainly Industrially Handicapped (age 16 and over)

Employed								Undergoing Training								Unemployed—Not under Training								Totals—Class B			
16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals			
Males	1	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	1	—	—	1	1	1	1	—	3		
Females	1	1	—	—	2	1	—	—	1	—	—	—	—	—	—	—	2	—	—	2	2	3	—	—	5		
Totals	2	1	—	—	3	1	—	—	1	—	—	1	—	1	—	3	—	—	3	3	4	1	—	8			

## Class C—Persons requiring Observation only (Age 16 and over)

Class C—Persons requiring Observation only (Age 16 and over)								Class D—Children Age 5 and under 16								Children Age 16 and over still at School				Persons Registered under the Disabled Persons (Employment) Act, 1944				
16-20	21-49	50-64	65 and over	Totals	Attending Special Schools	Attending other Schools	Not at School	Educable	Ineducable	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over
Males	1	2	—	1	4	2	2	—	—	4	—	—	—	—	—	—	—	—	—	—	5	—	—	—
Females	—	3	6	7	16	—	3	—	—	3	—	—	—	—	3	—	—	—	—	—	1	—	—	—
Totals	1	5	6	8	20	2	5	—	—	7	—	—	—	—	7	—	—	—	—	—	6	—	—	—

TABLE 27—NEW HOUSING ACCOMMODATION PROVIDED DURING THE YEAR ENDED 30TH JUNE, 1956

Summary of Returns made by Rural District Councils under Housing Act, 1936, Section 88

Rural District.	New Houses erected by Council	New houses erected privately	Council's Housing Programme for the year ending 31.12.56		No. of families accommodated by Council during year ended 30.6.56	Total number of applicants (i.e. Family Units) on Council's list requiring accommodation as on 30.6.56	Difficulties (if any) experienced in connection with:		
			No. of Houses	Is this programme likely to be completed as Scheduled?			Obtaining tenders	Shortage of Labour	Shortage of Materials
1	2	3	4	5	6	7	8	9	10
Beaminster ..	24	16	22	Yes	41	85	Yes	No	No
Blandford ..	19	28	50	Yes	40	256	No	No	No
Bridport ..	48	25	50	Yes	61	124	Limited by small number of local contractors	At times	At times
Dorchester ..	38	41	97	No	75	496	No	No	No
Shaftesbury ..	—	28	—	—	61	189	No	No	No
Sherborne ..	4	6	4	Yes	32	71	No	No	No
Sturminster ..	17	13	10	Yes	80	67	No	No	No
Wareham and Purbeck ..	24	84	11	Yes	64	361	No	No	No
Wimborne and Cranborne ..	43	243	28	No	115	240	No	No	No
Totals	217	484	272	—	569	1,889	—	—	—

## HOUSING ACT, 1949—THE IMPROVEMENT OF DWELLINGS

Summary of Progress Reports received from the Rural District Councils in respect of the year ended 30th June, 1956

	Beaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham and Purbeck	Wimborne and Cranborne
(1) No. of applications received during the year ended 30/6/56 for improvement grants to private persons ..	29	36	28	65	43	21	36	97	101
(2) No. of schemes approved during the year ended 30/6/56 in respect of:									
(i) Property owned (or to be acquired) by the Council ..	Nil	2	Nil	Nil	Nil	1	1	Nil	Nil
No. of dwellings affected .. .. .. ..	Nil	2	Nil	Nil	Nil	6	1	92	92
(ii) Private property .. .. .. ..	29	35	22	44	39	21	35	92	92
No. of dwellings affected .. .. .. ..	35	46	28	62	39	29	52	92	92
(3) Average approved estimated cost of improvement schemes submitted during the year ended 30/6/56 in respect of:									
(i) Property owned (or to be acquired) by the Council ..	Nil	£1,080	Nil	Nil	Nil	£150	£695	Nil	£100
(ii) Private property .. .. .. ..	£570	£225	£494	£774	£565	£628	£750	£410	£100
(4) Is it considered, in the light of present information, that maximum advantage is being taken in the Council's area of the facilities offered under this Act? ..	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes

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